

COOPERATIVE AGREEMENT

**COMBAT Drug Prevention**

(January 1, 2011, through December 31, 2011)

**AN AGREEMENT** by and between **Jackson County, Missouri**, a Constitutional Home Rule Charter County, hereinafter referred to as "the County," and **Comprehensive Mental Health Services, 10901 E Winner Rd, Independence, MO 64052**, (a Missouri not-for-profit corporation), hereinafter referred to as "**Organization.**"

**WHEREAS**, the voters in Jackson County approved and renewed a quarter cent sales tax for the purpose of providing revenue to combat illicit drug use in our community; and,

**WHEREAS**, the voters and the Jackson County Legislature authorized the County Executive to contract with qualified not-for-profit community organizations, whether public or private, for the purpose of preventing drug use and drug related offenses, if such organization has been in existence for a period of not less than two (2) years; and,

**WHEREAS**, **Organization** has been in existence for more than two (2) years and proposes to provide services to prevent illegal drug use and/or drug-related offenses; and,

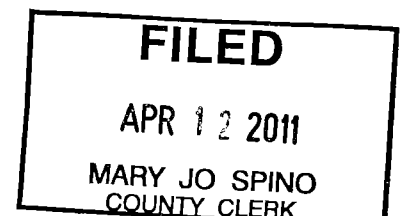
**WHEREAS**, COMBAT Administration has carefully reviewed the **Organization's** proposal for 2011 funding; and,

**WHEREAS**, the Jackson County Legislature has recommended the expenditure of **\$34,000.00** , of COMBAT Anti-Drug Sales Tax funds (hereinafter referred to as "COMBAT funds") for **Organization** to assist in the prevention of drug use and drug related offenses;

**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:

I. **SERVICES**

**Organization** shall use COMBAT funds solely for the purpose of providing drug prevention activities to prevent illegal drug use and drug related offenses for Jackson County; and,



**Organization** has agreed to use COMBAT funds only as set forth in Exhibit A, Combat Prevention Renewal Application, attached hereto; and,

**Organization** shall administer the program as outlined on the application's Program Logic Model.

## II. PAYMENT

The County agrees to pay to the **Organization** a total amount not to exceed **\$34,000.00**. Upon execution of this contract, an advance payment equal to one-quarter of the contract amount, totaling **\$8,500.00** will be submitted to **Organization**. This award is contingent upon collection of sales taxes as budgeted at the time of the contract award. If COMBAT funds are reduced, contractor will be informed of necessary contract revisions, as provided for in this Agreement.

**Organization** understands that the failure to execute this Agreement by March 31, 2011, shall disqualify **Organization** from funding under this Agreement. Additionally, **Organization** understands that no payment shall be made under this Agreement until **Organization's** 2010 COMBAT contract has been fully reconciled.

**Organization** agrees to submit a monthly expense report on forms provided by COMBAT Administration by the 20<sup>th</sup> of the following month. All payments will be processed within 30 days of receipt of invoice, if the invoice is complete and accurate. Any reports that are incorrect will delay payment. The remaining contract amount will be paid in a monthly amount equal to:

- (1) 1/12<sup>th</sup> of the 2011 contract amount or
- (2) Expenses year to date, whichever is the lesser of the two.

**Organization** agrees to submit quarterly program reports and an Annual Report on forms provided by COMBAT Administration by the 20<sup>th</sup> of the month following the quarter's end. All April, August, and October payments will be detained until quarterly program reports are received and accurate.

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 invoices. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

The final payment will not be processed until the agency's annual program report has been completely reconciled.

## III. PROGRAM REQUIREMENTS

All COMBAT Prevention funded programs must adhere to the following:

1. **Organization** must maintain a complete program expense file that reconciles to the invoices submitted to the COMBAT Administration.
2. **Organization** must operate an evidence-based or research-based drug and/or under-aged alcohol-consumption prevention program which focuses on risk and protective factors recognized and supported by prevention research and scientific theory.
3. **Organization** must be chartered in the State of Missouri and have received an exemption from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and must provide such documentation to COMBAT Administration.
4. **Organization** must have been in existence for two years prior to proposal submission (Statement of Contractor's Qualifications).
5. **Organization** must notify COMBAT Administration in writing on **Organization** 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 towards the **Organization**
  - f. Changes to program and/or services, and the program's Logic Model and Outcome Measurement Framework chart.
6. **Organization** must submit monthly invoices and narratives on program activities

If this outline is not met during Year One, COMBAT Administration will not recommend continued funding for the following year.

#### IV. ANNUAL REPORT/OTHER DOCUMENTATION

**Organization** shall submit annual program reports and other documentation directly related to this Agreement as requested by the County's Director of Finance and Purchasing, or by such other manager as designated in writing by the County Executive, to show that funds paid to **Organization** by the County were used for the purpose set forth in this Agreement.

The **Organization** program annual report for 2011 shall be submitted no later than January 20, 2012.

#### V. EVALUATION REQUIREMENTS

**Organization** agrees that evaluative outcomes shall be given priority status. COMBAT Administration or its designee will monitor the **Organization** to assure that not only are the terms of this Agreement being fulfilled, but also to monitor the prevention program's impact on the community. The **Organization** agrees to participate in an effectiveness evaluation of the **Organization's** program objectives and an overall evaluation of specific core items, as required by COMBAT Administration. **Organization** further agrees to utilize an agency specific evaluation document. **Organization** agrees to participate in and respond to periodic COMBAT Administration evaluations, assessments, and data inquiries.

The COMBAT Administration will evaluate **Organization's** performance periodically based on the **Organization's** quarterly performance reports and compliance with contractual provisions. The County reserves the right to terminate this Agreement pursuant to paragraph 18 if the **Organization** does not meet stated performance measures and contractual requirements.

#### VI. AUDIT

The County reserves the right to examine and audit the books and records of **Organization** pertaining to the finances and operations of **Organization** related to this Agreement. **Organization** agrees to establish and adopt accounting standards and forms for this program as may be recommended by the County's Financial Advisor 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.

#### VII. 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 **Organization** receives written notice thereof, the County may at its election terminate the Agreement 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.

#### VIII. SUBMISSION OF DOCUMENTS.

No payment shall be made under this contract unless the **Organization** has submitted to COMBAT (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) a statement of the **Organization's** total budget for this program for its most recent fiscal year; and, (3) a detailed explanation of actual expenditures of COUNTY funds (pertains to final payments and payments on contracts for future years.) Any document described herein which was submitted to COMBAT, as a part of an application for funding need not be resubmitted to qualify for payment. No payment

shall be made if the contract agency is out of compliance on any other County contract.

IX. **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.

X. **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. **Organization** agrees to name the County as Additional Insured on such policies, but only to the extent of **Organization's** negligence under this Agreement and only to the extent of the insurance limits specified herein.

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. **Organization** agrees to name the County as Additional Insured on such policies, but only to the extent of **Organization's** negligence under this Agreement and only to the extent of the insurance limits specified herein.

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.

XI. **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.

XII. **TERM**

The term of this Agreement shall commence as of January 1, 2011, and will continue until December 31, 2011, unless sooner terminated pursuant to paragraph 7, 19, or 26 hereof.

**XIII. NO REPLACEMENT REVENUE**

It being recognized by the parties that the purpose of the COMBAT funds is to improve the quality and effectiveness of drug prevention services in Jackson County, it is therefore declared as the express intent of the parties that the services to be rendered hereunder shall be in addition to those deemed necessary and required to maintain the efficient and effective operation of **Organization** in its normal duties.

**XIV. 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.

**XV. 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.

COMBAT Administration  
Fiscal Representative  
Troy Thomas  
415 E. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

Comprehensive Mental Health Services  
Agency's Fiscal Representative  
Chief Financial Officer Title  
Karen Kleoppel Name  
254-3652 Telephone #

**XVI. INFORMATIONAL REPORTING**

A designated representative of **Organization** shall attend meetings of the County Legislature and COMBAT Administration activities when so requested by either entity.

**XVII. PUBLICITY**

If **Organization** receives or obtains any media attention because of this project, **Organization** is required to acknowledge that funding for the project is from COMBAT funds. Printed material involving this program shall contain the COMBAT logo and a COMBAT sign shall be posted at the program site(s) for the duration of the contract.

**XVIII. 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 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.

**XIX. UNSPENT ALLOCATION**

Any appropriated funds under this Agreement not invoiced by **Organization** within 45 days from the expiration of this Agreement shall not be paid but shall remain in the COMBAT funds. These funds shall be subject to reappropriation. Such funds refer only to those funds that have not been committed for costs or purchases by purchase order, contract or other formal documentation.

**XX. MINORITY HIRING**

**Organization** shall have a twenty percent (20%) goal for minority hiring and employment regarding all positions funded out of the proceeds of COMBAT funds.

**XXI. 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 payments 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.

XXII. EQUAL OPPORTUNITY EMPLOYMENT

**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 solicitations 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.

XXIII. 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.

XXIV. INSPECTIONS OR AUDITS BY THE COUNTY

The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to their responsibilities as set out in Chapter 6 of the Jackson County Code. **Organization** shall file quarterly program specific compliance reports as required by the County Compliance Review Office. The County may provide to **Organization** a list identifying specific areas funded by COMBAT funds which are to be inspected or audited by the County, and the definition and scope of a review audit of each specific area identified.

**Organization** shall conduct internal audits of each specific area identified relative to the program and shall provide its findings to the County and/or COMBAT Administration. If the County and/or COMBAT Administration desire additional



study, after the in-house audit provided above, the County and/or COMBAT Administration and **Organization** shall engage a mutually agreed upon outside auditing firm to conduct further audit of each specific area identified, and shall share the costs of the outside auditor equally. The County warrants that all books, records, accounts, and any other documents in the possession of the County relative to COMBAT funds are public records open for inspection in accordance with Chapter 610, RSMo.

**XXV. 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 event, **Organization** consents and agrees as follows:

A. 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.

**XXVI. SEVERABILITY**

If any term 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.

**XXVII. ASSIGNMENT AND TRANSFER**

**Organization** shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

**XXVIII. COMBAT CONTACT**

For the purpose of this Agreement, COMBAT Administration or the person designated by COMBAT Administration, shall act as the COMBAT Contact. The COMBAT Contact shall be responsible for overseeing the performance of the services to be rendered under this Agreement. The COMBAT Contact shall be authorized to accept minor changes in services rendered as long as they are not material nor do they substantially alter the services to be performed. Any

substantial or material changes in the service provided under this Agreement must be approved by COMBAT Administration and the County.

**XXIX. 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 purchased by any other entity.

**XXX. INCORPORATION**

This Agreement contains the entire understanding and agreement of the parties, and modifications hereof shall be enforceable only if in writing, signed by the parties hereto.

IN WITNESS WHEREOF, this Agreement has been executed this 12 day of April, 2011.

APPROVED AS TO FORM:

By: W. Stephen Nixon  
W. Stephen Nixon  
County Counselor

JACKSON COUNTY, MISSOURI

By: Michael D. Sanders  
Michael D. Sanders  
County Executive

Comprehensive Mental Health Services

ATTEST:

By: Mary Jo Spino  
Mary Jo Spino  
Clerk of the County Legislature

By: Joy Copeland  
Title: VPO

FIN: 43-0949079

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 to the credit of the fund from which payment is to be made, each sufficient to meet the obligation of \$34,000.00, which is hereby authorized.

April 7, 2011  
Date

  
Director of Finance and Purchasing  
Account No.: 008-4402-56005

44022011 034

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 Comprehensive Mental Health Services 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, Comprehensive Mental Health Services, 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)

Joy Copeland  
Authorized Representative's Signature

Joy Copeland  
Printed Name

VPO  
Title

3/31/11  
Date

Subscribed and sworn before me this 31<sup>st</sup> day of March, 2011. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 02-12-2012.

Judy Burlingame  
Signature of Notary Judy Burlingame

03/31/2011  
Date

JUDY BURLINGAME  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Jackson County  
My Commission Expires: February 12 2012  
Commission Number: 085200

**Exhibit B**  
**Agency Name Contact Information**

Agency/Corp Location	Comprehensive Mental Health Services, Inc.
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Main Phone	(816) 254-3652
Main Fax	(816) 254-9243
Agency Web Address	www.thecmhs.com

Executive Director	William H. Kyles
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Phone	(816) 254-3652
Fax	(816) 254-9243
Email	wkyle@thecmhs.com

Program Director	Kay Murphy Collins
Program Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Phone	(816) 350-3830
Fax	(816) 350-3103
Email	kcoll@thecmhs.com

Financial Contact	Karen Kleoppel
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Phone	(816) 254-3652
Fax	(816) 254-8716
Email	kkleo@thecmhs.com

Board Chair/President	David Cook
Address	501 West Lexington Avenue
City, State, Zip Code	Independence, MO 64050
Phone	(816) 833-1800
Fax	(816) 833-1805
Email	dcookattorney@aol.com

**Exhibit A: PROGRAM BUDGET INFORMATION**  
**(Jan 1, 2011 – Dec 31, 2011)**

<b>Budget Categories</b>	<b>Proposed COMBAT Program Budget</b>	<b>Other funding amount</b>	<b>Name of other funding sources</b>	<b>Total Program Cost</b>
Personnel – Salaries	\$ 26,199.00	\$ 9,100.00	DMH/CSTAR	\$ 35,299.00
Payroll Taxes	\$ 2,004.00	\$ 689.00	DMH/CSTAR	\$ 2,693.00
Fringe Benefits	\$ 616.00	\$ 211.00	DMH/CSTAR	\$ 827.00
Auditing/Accounting Services				\$ -
Evaluation				\$ -
Postage				\$ -
Printing/Supplies	\$ 786.00			\$ 786.00
Supplies	\$ 1,123.00			\$ 1,123.00
Mileage (Local Travel)	\$ 1,198.00			\$ 1,198.00
Travel (Out of Town)				\$ -
Training				\$ -
Memberships				\$ -
Rent				\$ -
Utilities				\$ -
Insurance				\$ -
Other:				\$ -
Cell phone	\$ 240.00			\$ 240.00
Indirect	\$ 1,834.00			\$ 1,834.00
				\$ -
				\$ -
				\$ -
<b>TOTAL PROPOSED BUDGET</b>	<b>\$ 34,000.00</b>			<b>\$ 34,000.00</b>

1. Funds may not be used to provide capital improvements (Article 6, Section 23 of the Mo. Constitution).
2. Funds may not be used to pay salaries for functions that have traditionally been performed by volunteers.
3. Funds may not be used to pay rent, utilities, or equipment.

**EXHIBIT A - AGENCY BUDGET  
PREVENTION PROGRAM**

**Comprehensive Mental Health Svc, Inc**

10901 Winner Road  
Independence, MO 64052

Karen Kleoppel  
816-254-3652 x 244  
kkleo@thecmhs.com

Agency Budget	
Level and type of service	COMBAT Funds
Salary/Contract Labor	\$ 26,297.00
Fringe Benefits 10% Max	\$ 2,629.00
Program Operating Expense	\$ 3,240.00
Indirect Administration (10% Max of Salary ONLY)	\$ 1,834.00
<b>Total</b>	<b>\$ 34,000.00</b>

Projected Operating Expense	
Description	Amount
Supplies	\$1,015.00
Travel Expense	\$1,199.10
Cell phone	\$240.00
Printing	\$786.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>Total Projected Operating Expense</b>	<b>\$3,240.10</b>

COMBAT Commission funded positions ONLY				
Position Title	Total Annual Salary	COMBAT Portion of Salary	Position Percent	Hours assigned to COMBAT Program monthly
Prevention Specialist	\$30,681.00	\$23,010.75	75%	130.00
Addiction Recovery Director	\$65,850.00	\$3,292.50	5%	8.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
	\$0.00	\$0.00	0%	0.00
<b>Total</b>	<b>\$96,531.00</b>	<b>\$26,303.25</b>		
<b>Total</b>	<b>\$193,062.00</b>	<b>\$52,606.50</b>		