Res. 17782

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#### **COOPERATIVE AGREEMENT**

#### **WITNESSETH**

WHEREAS, by Resolution 17782, the Legislature did authorize the County Executive to execute a Cooperative Agreement for the Spay and Neuter Kansas City Pet Outreach Program to provide spay and neutering services to low-income pet owners in Jackson County; and,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and SNKC respectively promise, covenant, and agree with each other as follows:

- 1. <u>Services</u>. SNKC shall provide free and low-cost spay and neutering, wellness, and outreach services for the pets belonging to low-income owners, as is outlined in the proposal attached hereto as Exhibit A and incorporated herein by reference.
- 2. <u>Terms of Payment</u>. The County agrees to pay to SNKC the amount of \$100,000.00, in quarterly installments of \$25,000.00 each with the first payment 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, through the Legislative Auditor, may approve adjustments to line items listed in SNKC's budget/proposal contained in Exhibit A, in an amount not to exceed 10 percent of the total

**FILED** 

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amount of the Agreement, so long as there is no additional total cost to the County.

- this Agreement, Agency 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 Agency's activities pursuant to this Agreement. Agency's failure to submit this annual report shall disqualify Agency from future funding by the County
- 4. Submission of Documents. No payment shall be made under this contract unless the contracting agency 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) 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.) 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 Budget Director 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.

- 5. **Equal Opportunity**. Agency agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement. Furthermore, Agency agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.
- 6. Audit. The County further reserves the right to examine and audit, during reasonable office hours, the books and records of SHS pertaining to the finances and operations of SNKC.
- 7. **Default**. If SNKC shall default in the performance or observation of any term or condition of this Agreement, the County shall give SNKC written notice setting forth the default and the correction required. If said default shall continue, and not be corrected within 10 days of the receipt of the notice by SNKC, the County may, at its election, terminate the Agreement and withhold any payments not yet made to SNKC. Said election shall not in any way limit the County's rights to seek legal redress.
- 8. <u>Conflict of Interest</u>. SNKC 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.
- 9. **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.

- Liability and Indemnification. No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Agency shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, 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 Agency during the performance of this Agreement.
- 11. <u>Term</u>. This Agreement shall be effective as of the first day of January 1, 2012, and terminate on December 31, 2012. This Agreement may be terminated prior to that date by either party upon written notice delivered thirty days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed as verified by the County's audit as provided in paragraph 5.
- 12. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties h day of, 2012.	ave executed this Agreement this5
APPROVED AS TO FORM:  W. Stephen Nixon County Counselor	By: Michael D. Sanders County Executive
ATTEST:	SPAY & NEUTER KANSAS CITY
Mary Jo Spino Clerk of the Legislature	By: Executive Director Federal I.D. 82-0563117

#### **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 \$100,000.00 which is hereby authorized.

Date

Director of Finance and Purchasing

Account No. 002-7761-56789

77612012001





# OUTSIDE AGENCY FUNDING REQUEST FURING 2012 BUDGET

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

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
Section B: Agency's 2011 and 2012 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information					
Name:	Spay & Neuter Ka	nsas City			
Address:	PO Box 410303, K	ansas City, M	O 64141		
Phone No:	816-353-0940		Fax	x: 816-523-0887	
Website Addre	SS: www.snkc.net			·	
Federal Tax II	No: 82-0563117	·	Fiscal Year Cycle	: Nov-Oct	
Executive Dire	ctor:	Michelle Riv	vera, President and I	Executive Director	
Name and Title	of Principal Contact	Person:		Michelle Rivera	
Phone No:	816-519-3428		Email Address	: michelle@snkc.net	
Submittal of thi	s request has been a	uthorized by:	Michelle Rivera		
		Date:		<u>977/2011</u>	

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# Section B: Agency's 2011 and 2012 Revenue Information

	Agency's 2012 Projected Revenue	e Inf	ormation	
Funding Entity	Agency's 2012 Total Projected Revenue Source You Will Request 2012 Funding From		Projected Amount	% of Total Revenue
Federal		\$	-	0
State		\$	· -	0
Jackson County		\$	100,000	11
Other Counties		\$	· -	0
City		\$	-	0
Charity/Donations	Public Donations and other grant funding	\$	150,000	17
Fundraisers	Events	\$	100,000	11
Other	Program revenue	\$	550,000	61
	2012 Total Projected Revenue	\$_	900,000	

	Agency's 201	l Revenu	ie Info	rmati	on	
Funding Entity	Agency's 2011 Total Source You Received		om .		Amount	% of Total Revenue
Federal		<u>-</u>		\$	-	0
State	]			\$	_	0
Jackson County				\$		0
Other Counties				\$	-	0
City				\$	-	0
Charity/Donations	Public donations and other gr	ant funding		\$	130,00	0 19
Fundraisers	Events			\$	60,00	0 9
Other (please list)	Program Revenue			\$	495,00	0 72
		2011 Total	Revenue	\$	685,00	0
•		namg nom	DECITOR	. •••	ity in 2011,	
. `	please identify the funding so	urce, amou Yes	nt and p	rogran	n name below	rogram Name
Jackson County Fu	please identify the funding so	urce, amou	nt and p	rogran	n name below	
. `	please identify the funding so	urce, amou Yes	nt and p	rogran Am	n name below	
Jackson County Fu COMBAT Mental Health Levy	please identify the funding so	urce, amou Yes	nt and p  No ☑	rogran Am	n name below	
Jackson County Fu COMBAT Mental Health Levy	olease identify the funding so nding Source or Developmentally Disabled	vrce, amou	nt and p  No ☑  ☑	rogran Am \$ \$	n name below	rogram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo	olease identify the funding so nding Source or Developmentally Disabled Board	vrce, amou	No  No  O	Am \$ \$ \$	n name below	rogram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence I	olease identify the funding so nding Source or Developmentally Disabled Board Commission	Yes	No  No  O  U  U  U  U  U	Am \$ \$ \$ \$	n name below	rogram Name
Jackson County Fun COMBAT Mental Health Levy Board of Services fo Domestic Violence I Housing Resources	olease identify the funding so nding Source or Developmentally Disabled Board Commission	Yes	No No V	Am \$ \$ \$ \$ \$	n name below	rogram Name
Jackson County Fun COMBAT Mental Health Levy Board of Services for Domestic Violence I Housing Resources Outside Agency Pro	olease identify the funding so nding Source or Developmentally Disabled Board Commission gram 2011 Total Jacks	Yes  On County	No No V V V V V V V V V V V V V V V V V	Am \$ \$ \$ \$ \$ \$	ount P	Sch U 7 2011
Jackson County Fun COMBAT Mental Health Levy Board of Services for Domestic Violence I Housing Resources Outside Agency Pro	olease identify the funding so nding Source  or Developmentally Disabled Board Commission gram 2011 Total Jacks	Yes  On County	No No V V V V V V V V V V V V V V V V V	Am \$ \$ \$ \$ \$ \$	ount P	Sch U 7 2011

# Section C: 2012 Program Budget

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

**Agency Name:** 

Spay & Neuter Kansas City

**Program Name:** 

Pet Outreach Program

	Personal Servi		• - 1•	
For each salary request b  Position / Title	elow please atta  Total Salary	Ch a job descr % of Salary to be funded by Jackson Co.	Ar to	n Or duties.  mount of Salary be funded by ackson County
			\$	-
			\$	
			\$	
			\$	-
	·		\$	<u> </u>
			\$	-
Total Salaries			\$	-
Total Benefits	Total Pare	onal Services	\$ <b>\$</b>	_
	ontractual Serv		<u> </u>	
	Olitractual Serv		Γ	
Spay Neuter Subsidy Program			\$	100,000
100% of funding will go to spay neute	er services		\$	-
			\$	-
			\$	-
			\$	-
	T-4-1 0		\$	
<u>.</u>		tual Services	\$_	100,000
	Supplies			
			\$	-
			\$	-
			\$	-
		ļ	\$	~
Andrews and an experience of the second seco			\$	-
MECELVIED			\$	-
SEP 0-7 2011	<u> </u>	otal Supplies	\$	-
INCRESCO PARCATY AUGUSTANCE TO COST	Total Progr	am Request	\$	100,000

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

Agency Name:

**Spay & Neuter Kansas City** 

**Program Name:** 

**Pet Outreach Program** 

#### **Proposed Program**

Detail functions to be performed by each program.

Spay Neuter Kansas City is an inner city-based clinic providing free and low cost spay/neuter, wellness, and outreach services for the pets of low-income owners. Our efforts are focused in Kansas City and Independence Missouri urban cores where incomes are generally very low and animal control calls and impound are high.

SNKC services are available to all low-income pet owners in Jackson County. Our primary focus, however, is centered in the heart of Kansas City and Independence's low income areas – the geographical area encompassing several zip codes and are responsible for a large percentage of the problem calls to both city animal shelters.

We have the personnel and staff to directly contact pet owners in our target area; pet supplies to assist these owners, which will enhance our interactions and credibility with them (and thereby increase our success in scheduling surgical procedures), as well as improving the lives of their pets; transportation for dogs and cats to and from the clinic; and clinical facilities to perform the procedures. We currently have many of these resources, but lack the funding levels necessary to realize the full potential of this project. SNKC is asking for funding to subsidize the spay neuter surgeries, however we will provide staffing and all related pet resources such as dog houses, pet food etc.

Funds from this project will be used to subsidy spay neuter surgeries for needy Jackson County pet owners. These surgeries will be performed at our clinic as well as contracting a portion of services to private practice veterinarians in Kansas City and Independence. Contracting out services to participating veterinarians in our target areas keeps costs lower and prevents additional and unnecessary transportation costs. It also keeps tax dollars within the county and appropriate city providing such services to the tax-payer.

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

**Agency Name:** 

Spay & Neuter Kansas City

**Program Name:** 

**Pet Outreach Program** 

ldentify	Participants the number of participants by County that each program serves.
Jackson, MO	Over 300,000
Clay,Platte,	
Cass, MO	For this project 0
Wyandotte,	
Johnson, KS	For this project 0
Other	
Missouri	For this project 0

#### Target Population

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

The target area we are focusing on (see attached chart A) comprises a human population of 304,244 (www.city-data.com) and (census.gov) and it is estimated as many as 76,000 dogs and 92,000 cats reside in these areas. These areas have the largest poverty rates in our county. The rate of cruelty and/or neglect calls from this target area is also significantly higher than from other areas of the city.

An average of the target area, 57% of household incomes are below \$35,000 with an average household income of \$29,892. In those target areas, an total average of 38% are African American, 57% White and 43% are between the ages of 25-54.

Based on the population, demographics and the animal control data, we believe there is a critical need for a focused campaign to reduce the number of intact dogs and cats in this area. Recognizing that spayed and neutered animals tend to be healthier, less aggressive, less likely to roam, and above all, will not contribute to the crisis of pet overpopulation, our successful promotion of spay/neuter in these code areas has already shown a 35% reduction in shelter intake over a 3 year span. Continued funding to this program will have a major impact on the welfare of the pets and the humans in both Independence and Kansas City.

Would you provide these services to anyone at your door?

**Answer No Answer YES** 

Is anyone denied services?

100%

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

%

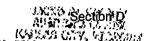
Indigent Program (Below Poverty Level)

100 %

Senior Indigent Program

What criteria do you have for the clients you serve? Screening on financial need Pet owners must demonstrate financial need for our services. Those who CAN afford regularveterinary care from a private veterinary clinic will be referred to such clinic therefore preserves (

limited resources and funding for those most in need.



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

Agency Name: s

**Spay & Neuter Kansas City** 

**Program Name:** 

**Pet Outreach Program** 

#### Service Delivery Area

Identify your specific geographic service delivery area for each program.

SNKC provides spay/neuter and pet wellness services to low-income pet owners. By virtue of our inner city location and based on what we see every day, we are acutely aware of the need for our services in Kansas and Independence lower income areas. To narrow our focus where we could have the greats impact with the area we currently serve, we enlisted volunteers to research and analyze animal control data regarding complaint calls and impounds. This analysis revealed the areas that stand out as having a problematic combination of 1) a sizeable population of large, free-roaming dogs 2) a disproportionately high number of animal control contacts, and 3) very low income among residents.

Eligibility of the targeted population will be any dog or cat that in intact within these zip codes. We will, however, focus on those considered at higher risk of reproducing and/or behavioral problems (aggression, roaming, etc.)

Eligibility of the human population is determined by a number of factors. Low income is the primary criterion which is assessed by a combination of the individual's income, total household income, and financial assistance. Also consideration is any past veterinary care of the pet, number of pets in household, previous reproductive history and where and how the pet was acquired.

### **Fund Separation**

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

All pet owners are screened for eligibility and a spreadsheet will be submitted with all pet owner information for invoicing to the county. SNKC has performed such services with Jackson County in prior years and have completed a satisfactory program audit to ensure all services were performed according to contract.

As a part of our screening process, some pet owners may need to show proof of residency or income however most will be found through active outreach efforts.

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Section: Date:

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

Agency Name: Spay & Neuter Kansas City

Program Name: Pet Outreach Program

#### **Approach & Method**

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

- 1. To decrease pet overpopulation through free and low cost spay and neuter services. This in turn, decreases shelter intake and lowers future governmental incurring expenses. SNKC has been responsible for aiding in a shelter intake drop of 35% and a 30% reduction in animal problem calls to the city of Kansas Clty, MO over a 3 year span.
- 2. Promote responsible pet ownership through educaiton and resources such as dog houses, pet food and other basic pet necessities. This in turn, decreases the number of animals impounded on simple ordinance violations, improves the pets quality of life, keeps the animal in the home. This long term proactive approach helps us achieve our goals more quickly.
- 3.Promote and provide low cost rabies vaccinations to lower income pet owners as a public safety issue.

Detail specific methods you will use to achieve these objectives.

This project will be promoted in the target area by various means. Our Outreach Team will provide both verbal and printed information to pet owners and their friends and neighbors via door-to-door contact. City animal control officers will be provided with the printed information we develop (educational brochures and flyers).

We have the pet supplies to assist these owners, which will enhance our interactions and credibility with them (and thereby increase our success in scheduling surgical procedures), as well as improving the lives of their pets; transportation for dogs to and from the clinic; and clinical facilities to perform the procedures. We currently have many of these resources, but lack the funding levels necessary to realize the full potential of this project. SNKC is asking for funding to subsidize the spay neuter surgeries, however we will provide staffing and all related pet resources such as dog houses, pet food etc

We have a 24' cargo truck that we currently use for transporting pets to and from the clinic. The truck is climate controlled and equipped to carry up to 30 animals.

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

Agency Name: Spay & Neuter Kansas City

Program Name: Pet Outreach Program

#### **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. It's important to have a plan in place and a clear focused understanding of the desired outcome. Part of our planning is to identify the specific problem, solutions and desired outcome. The most important component in measuring performance is having accurate and reliable data for our targeted areas. Fortunately, because of our excellent working relationship with our local animal control department, raw data is regularly shared with our organization. This data is analyzed which allows us to narrow our focus to not only understand what the problem is but also directs us to the problem areas.

Obviously the most important indicator of success for targeted programs is the impact on shelter intake and euthanasia. Our plans also include a wider range of performance measures we will track and will be measured against the baseline data we have analyzed. These include: Number of intakes, adoptions, spay neuter surgeries from target areas, show rate of surgeries/transports, citations, animal control nuisance calls, percentage of spay neuter compliance, bite cases, cruelty and neglect calls, reported cat problems (feral cats)and pet owners provided face to face education on responsible pet ownership We will take the baseline numbers and will keep detailed and accurate data during this project timeline. By project end, we will be able to provide a detailed account of these targeted areas along with outcome results of our efforts. While we know our goal is to perform over 2,000 surgeries, our desired outcome is to see an overall drop in the indicators above and an increased public awareness of responsible pet ownership. This will help improve the quality of lives of pets in our community.

#### 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) With county approval, Jackson County will receive recognition for their support to our agency through our brochures, reports, publications, and marketing material. SNKC will also acknowledge our appreciation through our website and Facebook page which has over 8,000 fans. We will recognize county decision makers at our annual events, letters to our donors and ensure all Jackson County pet owners are aware of how and by whom their surgeries are being subsidized.

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Section D