COOPERATIVE AGREEMENT

(Teen Pregnancy Program)

AN AGREEMENT by and between Jackson County, Missouri, a Constitutional Charter County, hereinafter referred to as the "County" and the Mid-America Regional Council, 600 Broadway, Suite 200, Kansas City, MO 64105, a regional planning commission operating pursuant to Section 251.150 et seq., RSMo, hereinafter referred to as "MARC."

WHEREAS, the County deems it to be in the best interest of its citizenry to support teenage pregnancy programs and services as provided by MARC and other agencies, under subcontracts with MARC; and,

WHEREAS, this Agreement is entered into pursuant to the provisions of Chapter 70, RSMo, dealing with cooperative agreements; therefore,

The County and MARC agree, in consideration of the following mutual promises and valuable consideration, as follows:

- 1. <u>Services.</u> MARC shall provide a teenage pregnancy program and services, as is more fully set forth in the proposal attached hereto as Exhibit A. MARC is expressly authorized to enter into a subcontract with the Guadalupe Center, Inc. for these programs and services upon such terms and conditions as MARC shall deem appropriate, provided that such subcontract shall provide that the County's funds shall be used by the to support the teenage pregnancy programming services and activities for those in western Jackson County through the Guadalupe Centers, Inc.
- 2. <u>Terms of Payment</u>. Upon the execution of this Agreement, the County shall pay to MARC the lump sum of \$34,390.00 to be used to provide these services and

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programs.

- 3. Annual Report. MARC shall submit an annual report, including a statement of budgeted and actual expenditures, and other documentation as requested by the Director of Finance and Purchasing to show that the funds paid to MARC by the County were used for the purposes set forth in this Agreement. Said annual report shall be submitted no later than December 31, 2013. Failure to submit this annual report shall disqualify MARC from future funding by the County.
- Submission of Documents. No payment shall be made under this contract unless Guadalupe Center shall have provided to MARC and MARC shall have confirmed to County and the Director of Finance and Purchasing its receipt of: (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 MARC's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the MARC'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 MARC has previously received County funding, to be eligible for future payments, MARC must submit either an audited financial statement for the MARC'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 the contract MARC is out of compliance on any other County contract.

- 5. <u>Audit.</u> The County further reserves the right to examine and audit, during reasonable office hours, the books, and records of MARC pertaining to the finances and operations of MARC.
- 6. <u>Default</u>. If MARC shall default in the performance or observation of any term or condition of this Agreement, the County shall give MARC written notice setting forth the default and correction required. Thereafter, if said default by MARC shall continue and not be corrected within ten days of the notice of default, the County may, at its election, terminate the Agreement and take such action in law or equity to recover all funds given to MARC under this Agreement, but not used for the purposes set forth in the Agreement, as the County deems appropriate.
- 7. <u>Conflict of Interest</u>. MARC 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. MARC shall insure that its subcontractor has made this same warranty.
- 8. Employment of Unauthorized Aliens Prohibited. Pursuant to §285.530.1, RSMo, MARC 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, MARC 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.

- 9. <u>Term.</u> This Agreement shall be effective January 1, 2013, and shall terminate on December 31, 2013. 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 above.
- 10. Equal Opportunity. In carrying out this Agreement, MARC shall insure that none of the benefits or services of the program are denied to any eligible recipient on the basis of race, color, religion, sex, age, handicap, or national origin. MARC shall take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, age, handicap, or national origin. Such action shall include but not be limited to, the following: employment or termination, rates of pay or other forms of compensation and selection for training including apprenticeship. MARC shall in all solicitations or advertisements for employees placed by or on behalf of MARC, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, handicap, or national origin.
- 11. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and MARC have executed this Agreement this 12th day of 3 way, 2013.

APPROVED AS TO FORM:

W. Stephen Nigon County Counselor JACKSON COUNTY, MISSOURI

Michael D. Sanders, County Executive

ATTEST:

Mary Jo Spinø∜ Clerk of the ¢ounty Legislature

My 19,2013

MID-AMERICA REGIONAL COUNCIL

Executive Director

Federal Tax ID: 43-0976432

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 \$34,390.00 which is hereby authorized.

Director of Finance and Purchasing Account No.: 002-7902-56789

79022013007

Teen Pregnancy Program



OUTSIDE AGENCY FUNDING REQUEST FORM 2013 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 2012 and 2013 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: Organizati	on or Agency Information
Name;	Guadalupe Centers, Inc.	
Address:	1015 Avenida Cesar Chavez	
Phone No:	816.421.1015	Fax: 816.421.1001
Website Addre	ess: www.guadalupecenters.org	·
Federal Tax I	D No: 44-0610781	Fiscal Year Cycle: 1/1/13-12/31/13
Executive Dire	ector:	Cris Medina
Name and Title	e of Principal Contact Person:	Diane Rojas
Phone No:	816.561.6885 ext. 25	Email Address: droia @quadque escalere sta D AUG 2 8 2012
Submittal of th	is request has been authorized by: Date:	JACKSON COUNTY AUDITORS OFFICE Cris Moding SANGITY, MISSOURI

Section B: Agency's 2012 and 2013 Revenue Information Agency's 2013 Projected Revenue Information % of Projected Agency's 2013 Total Projected Revenue Total Revenue Source You Will Request 2013 Funding From Amount **Funding Entity** 1,607,404 \$ 15 DESE, Headstart, MARC & DOL Federal 54 DESE, DFS-FAMIS, CSIPS, CSIPS, SFSP 5,904,035 \$ State 2 199,296 \$ Combat, Outside Agency Jackson County 0 \$ Other Counties None 9 \$ 1,003,237 DESE, Kansas City - CDBG, ESG-Hud, Hith Dept City 8 \$ 888,266 United Way, Foundation, Corporation, Other Charity/Donations 1 \$ 146,600 Agency Special Events Fundraisers 1,205,918 11 Year Funds Other

2013 Total Projected Revenue

10,954,756

	Agency's 2012	. Veselia	e intoi	'ma	ation		
Funding Entity	Agency's 2012 Tota Source You Received		m .		Amou	int	% of Total Revenue
Federal	DESE, Headstart, MARC & DO	OL .		\$	1	,530,861	15
State	DESE, DFS-FAMIS, CSIPS, C		•	\$	5	,622,890	53
Jackson County	Combat, Outside Agency			\$		199,296	2
Other Counties	None			\$		-	0
City	DESE, Kansas City - CDBG, E	ESG-Hud, HI	lth Dept	\$		955,464	9
Charity/Donations	United Way, Foundation, Corp	poration, Oth	пег	\$		888,266	8
Fundraisers	Agency Special Events			\$		146,600	1
Other (please list)	Year Funds			\$	1	,205,918	11
<u> </u>		2012 Total				,549,295	
	If your agency received fu please identify the funding so	inding from ource, amou	Jacksor Int and p	rogi	ram πame	below.	
Jackson County Fu	please identify the funding so	vurce, amou Yes	nt and p	rogi	ram пате Amou <u>n</u> t	e below.	ogram Name
	please identify the funding so	yes ✓	int and p No □	rogi	ram пате Amou <u>n</u> t	e below.	ogram Name Prevention
Jackson County Fu	please identify the funding so	ource, amou Yes ☑	nt and p No □ ☑	rogi \$ \$	ram пате Amou <u>n</u> t	e below.	
<u>Jackson County Fu</u> COMBAT Mental Health Levy	please identify the funding so	yes ✓	nt and p No ☑ ☑ ☑	**************************************	ram пате Amou <u>n</u> t	e below.	
<u>Jackson County Fu</u> COMBAT Mental Health Levy	please identify the funding so nding Source or Developmentally Disabled	Yes	No □ ☑ ☑ ☑	* \$ \$ \$	ram пате Amou <u>n</u> t	e below.	
<u>Jackson County Fu</u> COMBAT Mental Health Levy Board of Services f	please identify the funding so nding Source or Developmentally Disabled Board	yes	No U	\$ \$ \$ \$	Amount 148,900 - - - -	Pro SA TX &	Prevention
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence	please identify the funding so nding Source or Developmentally Disabled Board Commission	Yes	No □ ☑ ☑ ☑	* \$ \$ \$	Amount 148,900 - - - -	Pro SA TX &	
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence Housing Resources	please identify the funding so nding Source or Developmentally Disabled Board Commission	Yes	No U	\$ \$ \$ \$ \$	Amount 148,900 - - - -	Pro SA TX &	Prevention eg & Gym Rental
Jackson County Fu COMBAT Mental Health Levy Board of Services for Domestic Violence Housing Resources Outside Agency Pro	please identify the funding so nding Source or Developmentally Disabled Board Commission ogram	Yes	No □ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	\$ \$ \$ \$ \$ \$ \$ \$	Amount 148,900 - - - 50,396 199,296	Pro SA TX &	eg & Gym Rental
Jackson County Fu COMBAT Mental Health Levy Board of Services for Domestic Violence Housing Resources Outside Agency Pro	please identify the funding so nding Source or Developmentally Disabled Board Commission ogram 2012 Total Jacks your agency receive funding or	Yes	No □ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	\$ \$ \$ \$ \$ \$ \$ \$ \$	Amount 148,900 - - - 50,396 199,296	Pro SA TX &	eg & Gym Rental

Section C: 2013 Program Budget

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

Agency Name:

Guadalupe Centers, Inc.

Program Name:

Teenage Pregnancy Program

Position / 1	Fitle	Annual Salary	ch a job descri % of Salary to be funded by Jackson Co.	, .	Amount of Salary to be funded by Jackson County
Case Mana	ager	34,000	50%	\$	17,000
· · · · · · · · · · · · · · · · · · ·				\$	-
				\$	<u>-</u>
· · · · · · · · · · · · · · · · · · ·				\$	<u> </u>
				\$	_
				\$	-
Total Salaries				\$	17,000
Total Fringe Benefits				\$	2,040
		Total Pers	onal Services	\$	19,040
	Con	tractual Servi	ces		`
Transportation - Mileage	reimbursement	for case mgr. @ .5	5/mile	\$	1,200
Occupancy - Support of	Expenses assoc	iated with operation	n	\$	5,071
Specific Assistance - em	ergency grant a	ssistance to client		\$	2,150
Administration - 10%				\$	3,429
				\$	-
		 		\$	<u> </u>
		Total Contrac	tual Services	\$	11,850
 		Supplies			
Educational Materials				\$	600
Office Supplies				\$	2,000
Group Support/and Progi	ram Incentives			\$	700
regnancy Tests]	\$	200
				\$	~
	11/61			\$	
	コンヒし	Т.	otal Supplies	\$	3,500
RECE			otal Cappiloo	<u> </u>	0,000
AUG 2			am Request		34,390

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

Proposed Program

Detail functions to be performed by each program.

GCI's teenage pregnancy program proposes to provide comprehensive and culturally appropriate prevention education, pregnancy care and socially supportive services to pregnant and parenting teens. Case mnagement is provided throughout pregnancy and for one year after the birth of the baby. Case management services are essential to this young and at-risk population. Additional services include prenatal and parenting education, housing assistance, emergency assistance with food/delinquent utilities/infant needs, opportunities for vocational training, job information, and financial literacy education. The overall objective of the program is to provide services to pregnant teens that will empower them, thereby reducing the potential adverse physical and social consequences of teenage pregnancy.

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KANSAS CITY MISSOURI

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

 Participants Identify the number of participants by County that each program serves.
Jackson, MO
Clay, Platte,
 Cass, MO
Wyandotte,
 Johnson, KS
Other
 Missouri Missouri

Target Population

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

Services proposed primarily, but not exclusively, target Hispanic teens throughout Jackson County who are between the ages of 13 and 21 and at-risk of becoming pregnant or already pregnant. GCI receives referrals primarily from area high schools including GCI's Alta Vista Charter and East High School. The majority of the girls referred to the program are low-income and reside in one of the following 3 neighborhoods; Westside, Northeast, or Eastside. Demographics maintained reflect that 30% of GCI's client caseload is Spanish speaking only, and over 70% of their extended families (parents, grandparents) are Spanish speaking only.

Would you provide these services to anyone at your door? NO Answer Yes or No Is anyone denied services? Yes- non JK Co. residents Answer Yes or 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 services:

Senior Program

Indigent Program (Below Poverty Level)

Senior Indigent Program

What criteria do you have for the clients you serve?

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

Jackson County residents between the ages of 13 and 21, pregnant and/or parenting teenagers and living at 150% of poverty level or below.

Service Delivery Area

Identify your specific geographic service delivery area for each program.

GCI's specific geographic service delivery area includes three (3) primary neighborhoods with significant Hispanic populations; the Westside, Northeast, and Eastside all of which are in Jackson County.

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.

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

Residency of Jackson County is a requirement for program eligibility and is determined at the initial client assessment that is performed by GCI's case manager. Clients must produce proof of residency (copy of school records, vaccination records, utility bill, etc) prior to being accepted into the program. Documentation is then maintained in the client file and entered into a managment information system. Additionally, GCI performs monthly programmatic and financial reports that are overseen by GCI's Health and Human Services Director and shared with CEO and GCI Board of Directors at bi-monthly board meetings.

Approach & Method

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

1.Provision of culturally competent support services to pregnant teens during pregnancy and 1 year post partum. These services are designed to ensure access to needed medical and social services that will support a healthy delivery and healthy outcome for the adolescent mother.

2.Provision of prenatal and parenting education. Prenatal education focuses on importance of prenatal care, nutrition, and negative factors that influence pregnancy. Parenting education focuses on skills that support positive parenting.

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

3.Provision of descision making skills/tools needed to avoid future, unwanted and/or unplanned pregnancies, and develop a plan regarding future educational pursuits, vocational pursuits, lifestyle choices and relationship building.

Detail specific methods you will use to achieve these objectives.

GCI's teenage pregnancy program will reach its program objectives by providing; 1) culturally competent case management services that facilitate linkage to healthcare home for prenatal care and coordination and follow-up of services 2) Supportive social services that will focus on issues such as; housing, finances, educational, family relationships, and others 3) Prenatal and parenting education that will support a healthy pregnancy and parenting skills. Individual and group education/counseling sessions will be provided.

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How can the success of each program be evaluated? Indicate performance measures or statistics you will use to demonstrate the success of each program.

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

GCI will evaluate the client's progress toward meeting desired goals on an ongoing basis. Initially, an individual treatment/care plan will be jointly developed by the client and case manger. Goal statements will be developed, individual objectives outlined, and action steps outlined with a projected completion date for each goal. A client status form instrument will also be utilized to monitor essential information regarding the client and updated on a monthly basis. Lastly, a client satisfaction survey will be distributed and collected to assist GCI in determining needed adaptation(s) to improve upon the effectiveness of the program's objectives/goals.

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)

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

Agency Name: Guadalupe Centers, Inc.

Program Name: Teenage Pregnancy Program

GCI will develop program brochures in English/Spanish to market teenage pregnancy program services available and identify Jackson County as a funder. Program services will also be described on GCI's website www.guadalupecenters.org and in the agency's electronic newsletter produced quarterly. Additionally, GCI will participate in various health fairs throughout the year that provide opportunities to share program information and services. Signage describing Jackson County support will be identifiable on marketing materials.

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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 Mid-America Regional Council, 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, Mid-America Regional Council, 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 understands that false statements made in this filing an upder section 575.040, RSMo.)	,
	Coesty lake	Dorothy Pope
	Authorized Representative's Signature	Printed Name (
_	Director of Financial Assairs	6-26-13
	Title	Date
	Subscribed and sworn before me this <u>36</u> day of commissioned as a notary public within the County of <u>\M:350w;</u> , and my commission expires on _	Jul, 2013. I am Jackson, State of March 22, 2005.
C	Mals D. Johnson	6-26-13
	Signature of Notary /	Date
	MARK D JOHNSON Notary Public, Notary Seal State of Missouri Jackson County Commission # 11399198 My Commission Expires March 22, 2015	
₹ 4	Explies Mg/ch 22, 2015	