

COOPERATIVE AGREEMENT

THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **OPERATION BREAKTHROUGH, INC., 3039 TROOST, KANSAS CITY, MO 64109**, hereinafter referred to as "Organization".

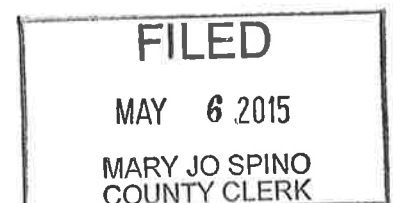
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for **food assistance program**; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities; and,

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:

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **Services**. Organization shall provide an on-site food pantry, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to Organization's budget, Organization shall submit a written request to the Jackson County Legislative Auditor's no later than October 30, 2015. Any changes to the budget must be approved by the Jackson County Legislature.



2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$8,531.00** in quarterly installments of **\$2,132.75**, with the payment for the first quarter to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports/Other Documentation.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The report for the first quarter shall be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of Organization's activities pursuant to this Agreement. Organization's failure to submit this annual report shall disqualify Organization from future funding by the County.

Organization must notify the County in writing on Organization's letterhead, within five working days of the following changes:

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage

- d. Management or staff responsible for providing services pursuant to this contract
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

4. **Submission Of Documents**. No payment shall be made under this Agreement unless Organization shall have submitted to the County's Director of Finance and Purchasing: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds (pertains to final payments and payments on contracts for future years). If Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an audited financial statement for Organization's most-recent fiscal or calendar year by March 31 of the following year, or a certified public accountant's program audit of the County's funds by January 31 of the following year. Any documents described herein which were submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

5. **Equal Opportunity**. Organization shall maintain policies of employment as follows:

- A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion,

color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants are employed and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

6. **Employment Of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

7. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to its

finances and operations. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

8. **Default**. If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said default shall continue and not be corrected by Organization within ten days after receipt of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds**. Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are

otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

10. **Conflict Of Interest.** Organization warrants that no officer or employee of the County, whether elected or appointed, shall, in any manner whatsoever, be interested in or receive any benefit from the profits or emoluments of this Agreement.

11. **Severability.** If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

12. **Indemnification.** Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions

of Organization during the performance of this Agreement.

13. **Insurance**. Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

14. **Term**. The term of this Agreement shall commence January 1, 2015, and shall continue until December 31, 2015, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by Organization as verified

by the County's audit.

15. **Termination**. This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard Of Care**. Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

17. **Financial Contact**. Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative
Q. Troy Thomas
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Operation Breakthrough, Inc.
Marsha Gillespie, Grants Manager
3039 Troost
Kansas City, MO 64109
(816) 329-5258

18. **Compliance**. The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code.

Organization shall file quarterly compliance reports as required by the County Compliance Review Office. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

19. **Remedies For Breach**. Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

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

21. **Organization Identity**. If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

22. **Confidentiality**. Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose

said identities to any third party in any fashion.

23. **Incorporation**. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 6th day of May, 2015.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

W. Stephen Nixon
W. Stephen Nixon
County Counselor

By Michael D. Sanders
Michael D. Sanders
County Executive

ATTEST:

OPERATION BREAKTHROUGH, INC.

Mary Jo Spino
Mary Jo Spino
Clerk of the Legislature

By [Signature]
Title CEO
Federal Tax I.D. 43-0971560

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 \$8,531.00, which is hereby authorized.

May 4, 2015
Date

[Signature]
Director of Finance and Purchasing
Account No. 002-7743-56789

PC 77432015001



OUTSIDE AGENCY FUNDING REQUEST FORM 2015 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106
Email: auditor@jacksongov.org

EXHIBIT A
Res. 18714
Food Assistance

Section A: Organization or Agency Information page 1
 Section B: Agency's 2014 and 2015 Revenue Information page 2
 Section C: Jackson County Program Budget Request page 3
 Section D: Program Information pages 4 - 8

Section A: Organization or Agency Information

Name: OPERATION BREAKTHROUGH, INC.

Address: 3039 Troost Avenue, Kansas City, MO Zip Code: 64109

Phone No: (816) 756-3511 Fax: (816) 329-5235

Website Address: www.operationbreakthrough.org

Federal Tax ID No: 43-0971560 Fiscal Year Cycle: 11/1 - 10/31

Executive Director/President: Susan Stanton, Chief Executive Officer

Phone No: (816) 329-5200 Email: susans@operationbreakthrough.org

Name/Title of Principal Contact Person: Marsha Gillespie, Grants Manager

Phone No: (816) 329-5258 Email: marshag@operationbreakthrough.org

Section B - REVISED 2/3/15
Agency's 2014 and 2015 Revenue Information

Agency's 2015 Projected Revenue Information

Funding Entity	Source You Will Request 2015 Funding From	Projected Amount	% of Total Revenue
Federal	Head Start, Early Head Start, USDA	\$ 1,837,841	27
State	MO DSS (childcare assistance), Children's Trust Fund	\$ 510,678	7
Jackson County	COMBAT, JCCMHF, HRC, Outside Agency	\$ 160,108	2
Other Counties	n/a	\$ -	0
City	CDBG	\$ 159,953	2
Charity/Donations	Charitable Donations	\$ 1,822,950	26
Fundraisers	Annual Dinner/Auction, other FR activities	\$ 1,013,323	15
Other	Grants from Private Foundations, Misc Revenue	\$ 1,377,478	20
2015 Total Projected Revenue		\$ 6,882,331	

Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal	Head Start, Early Head Start, USDA	\$ 1,837,841	27
State	MO DSS (childcare assistance), Children's Trust Fund	\$ 510,678	7
Jackson County	COMBAT, JCCMHF, HRC, Outside Agency	\$ 160,206	2
Other Counties	n/a	\$ -	0
City	CDBG	\$ 159,953	2
Charity/Donations	Charitable Donations	\$ 1,822,950	26
Fundraisers	Annual Dinner/Auction, other FR activities	\$ 1,013,323	15
Other (please list)	Grants from Private Foundations, Misc Revenue	\$ 1,377,478	20
2014 Total Revenue		\$ 6,882,429	

Please identify the Jackson County source(s) your agency received funding from in 2014

Jackson County Funding Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 39,000	Violence Prevention
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 50,098	Adult Mental Health
Board of Services for Developmentally Disabled			\$ -	
Domestic Violence Board			\$ -	
Housing Resources Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 11,000	Housing Asst/Case Mgmt
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 60,108	Sp Therapy, Psych Svcs, Food Asst
2014 Total Jackson County Funding			\$ 160,206	

**Did your agency receive funding or resources in 2014 from either of the following?
 If so, in what way did you participate? If not, why?**

Mid America Regional Council	\$ -
MAAC Link - Dollar Aid/Dollar Aid Credits	\$ 10,800
Harvesters - food donations (448 lbs, est @ \$0.52)	\$ 254

Section C - *REVISED 2/3/15*

complete a separate program budget for each program your agency is applying for funding

Agency Name: OPERATION BREAKTHROUGH, INC.

Program Name: Food Assistance

Program Request # of

Personal Services			
Position / Title	Annual Salary	to be funded by Jackson Co.	to be funded by Jackson Co.
Case Manager	44,745	5%	\$ 2,436
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ 2,436
Fringe Benefits - <i>FICA only</i>			\$ 186
Total Personal Services			\$ 2,622
Contractual Services			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ -
Supplies			
Groceries for Food Pantry			\$ 5,909
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 5,909
Total Jackson County Program Budget Request			\$ 8,531

Section D

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

Agency Name: OPERATION BREAKTHROUGH, INC.

Program Name: Food Assistance

Program Request # 3 **of** 3

Proposed Program Cost	
What is the total cost to run your program regardless of the	
Total Program Cost	\$447,751 (Total Social Services Budget)
Proposed Program	
Detail functions to be performed - limit your response to the space provided	
<p>Operation Breakthrough provides limited food assistance to enrolled families through our on-site Food Pantry, stocked primarily with donations of dry goods from agency supporters, supplemented by bulk purchases from Harvesters. Upon enrollment in Center programs, each family is assigned a Family Advocate (case manager) who works closely with parents/caregivers to assess and prioritize the family's needs, facilitate access to services, and track the services provided.</p>	
Participants	
Identify the number of participants that each program serves	
# served with this program	458 families
Of the # served with this program, how many are from:	
Jackson County	458 families
Other Counties	
Target Population	
Describe target population and demographics to be served by each program	
<p>Operation Breakthrough currently serves approximately 400 children enrolled in Early Education and School-Age programs and the children's 200+ parents/caregivers. 83% of families are African American or bi-racial, 1% are Native American and 1% are Hispanic. 92% of families are living below the federal poverty level, with 64% living on less than \$15,000 a year, including all forms of public assistance. 96% of families are headed by single women. Currently, 21% of families -- including 77 children -- are homeless, living in shelters, transitional housing units, or moving every few weeks from one friend's or relative's house to another's. Another 50 - 60 families are on the verge of homelessness, just one more delayed rent payment or unpaid utility bill away from eviction. Nearly 60% of parents have no education beyond high school or GED; only 3% are college graduates. Of the 48% of parents who are currently employed, 55% have been at their job for less than a year and only 24% are working full-time. Most of those employed work part-time, without benefits, in low-wage jobs as home health aides, housekeepers/janitors, or in fast food restaurants. Of the 52% of parents who are not currently employed, 13% are enrolled in educational or job training programs, 7% are disabled, and 32% are unemployed for other reasons, often due to homelessness, mental health and/or substance abuse problems.</p>	

Section D

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

Agency Name: OPERATION BREAKTHROUGH, INC.

Program Name: Food Assistance

Program Request # 3 of 3

Estimate of your cost per participant: \$ 235/family

What criteria do you have for the participants you serve? OB serves low-income children and families living in Kansas City's urban core. Families are expected to qualify for state childcare assistance, although each month OB cares for approximately 145 homeless or unsubsidized children at no charge and without reimbursement from the state. Those who do not qualify for childcare assistance are often 'over income' by a few dollars, but without sufficient income to cover childcare costs on their own.

Do you keep a list of participants for each program? Yes.

Would you provide these services to anyone at your door? No, families must have children enrolled in OB education.

Is anyone denied services? All families with children enrolled in OB programs are eligible for services.

Please classify your program from the following types by % of your agency's overall services:

Seniors Program:

Indigent Program (Below Poverty Level): 92%

Indigent Senior Program:

Service Delivery Area

Identify your specific geographic service delivery area for each program

Family statistical data, including residential zip code, is collected on all clients at the time of enrollment or re-enrollment (each September) and maintained in agency databases, allowing us to ensure that funds from Jackson County are utilized only for the benefit of Jackson County residents.

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

Family statistical data, including residential zip code, is collected on all clients at the time of enrollment or re-enrollment (each September) and maintained in agency databases, allowing us to ensure that funds from Jackson County are utilized only for the benefit of Jackson County residents.

Section D

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

Agency Name: OPERATION BREAKTHROUGH, INC.

Program Name: Food Assistance

Program Request # 3 of 3

Approach & Method

List the top three (3) objectives for each program

1. To provide food/nutritional assistance to children and families who are experiencing food insecurity.

2.

3.

Detail specific methods you will use to achieve these objectives

Each of Operation Breakthrough's four Family Advocates (case managers) is assigned to a specific 'neighborhood' (cluster of classrooms) at the Center and serves as the case manager for the parents/caregivers in that neighborhood. Family Advocates assess and prioritize each family's needs and facilitates access to services, whether on-site at the Center or through referrals to other community resources. The neighborhood interdisciplinary team (consisting of the neighborhood's Education Coordinator, Therapist, and Family Advocate, along with OB's Health Services Coordinator) meet each week to ensure children's and families' needs are being addressed appropriately and to discuss each family's progress toward goals and current challenges. Family Advocates provide access to ancillary services (such as health, dental, and mental health care) as well as emergency aid (food, clothing, diapers, household goods and furniture) as needed. Families needing food assistance can access the Center's food pantry once a month, or more often if needed. One of our Family Advocates manages the food pantry, ordering grocery bags, food from Harvesters, and overseeing food donations and restocking. Family Advocates also provide crisis counseling and clinical case management to help address the underlying issues surrounding unemployment, homelessness, and/or food insecurity. Families participating in case management meet with their Family Advocate on a regular basis to establish goals and discuss progress.

Section D

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

Agency Name: OPERATION BREAKTHROUGH, INC.

Program Name: Food Assistance

Program Request # 3 of 3

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

Program success is based on the number of families experiencing food insufficiency who receive groceries through the Center's Food Pantry, typically 140 - 170 families each month. Services provided are tracked in the MAAC database 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)

Clients, the public, media, and agency supporters will be apprised of the generous contributions of Jackson County taxpayers through an article placed in Operation Breakthrough's newsletter, which is published 2 - 3 times a year and sent to 10,000 households throughout the metropolitan area. Newsletter articles are also posted on our website. In addition, a sign acknowledging funding is always on display in our on-site Food Pantry.

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 **Operation Breakthrough, Inc.**, 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, **Operation Breakthrough, Inc.**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)



Authorized Representative's Signature
CEO

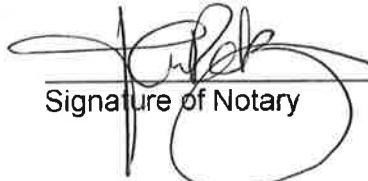
Title

Mary Esselman

Printed Name
4/21/15

Date

Subscribed and sworn before me this 21st day of April, 2015. I am commissioned as a notary public within the County of Jackson, State of MISSOURI, and my commission expires on April 15, 2018.



Signature of Notary

4/21/2015

Date

