COOPERATIVE AGREEMENT (Speech Therapy Program)

AN AGREEMENT by and between **JACKSON COUNTY, MISSOURI**, hereinafter called "the County" and **OPERATION BREAKTHROUGH, INC.**, 3039 Troost, Kansas City, Missouri 64109, hereinafter called "Agency."

WHEREAS, the County and Agency desire to enter into an Agreement to provide funding to be used for its speech therapy program; and,

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

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

- 1. <u>Services</u>. Agency shall provide services relating to its speech therapy services, as is more fully set out in the attached proposal designated as Exhibit A, and incorporated herein by reference.
- 2. <u>Terms of Payment</u>. The County agrees to pay to Agency the total amount of \$32,580.00, in quarterly installments of \$8,145.00 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.
- 3. Reports. Within 30 days after the conclusion of each calendar quarter under 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

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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.

- No payment shall be made under this contract **Submission of Documents.** 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 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 agency is out of compliance on any other County contract.
- 5. **Equal Opportunity**. The 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, the 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 Agency pertaining to its finances and operations.
- 7. <u>Default</u>. If Agency shall default in the performance or observation of any term or condition of this Agreement, the County shall give written notice setting forth the default and the correction required. If said default shall continue and not be corrected by Agency within ten days of its receipt of said notice, the County may, at its election, terminate the Agreement and withhold any payments not yet made. Said election shall not in any way limit the County's right to seek legal redress.
- 8. 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 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, its officers, employees, or agents during the performance of this Agreement.
- 9. <u>Conflict of Interest</u>. Agency 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.

10. <u>Severability</u>. 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.

11. <u>Term.</u> This Agreement shall be effective January 1, 2011, and shall terminate on December 31, 2011. 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 by the Agency as verified by the County's audit.

12. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this <u>10</u> day of <u>March</u>, 2011.

APPROVED AS TO FORM:

W. Stephen Nixon County Counselor JACKSON COUNTY, MISSOURI

Michael D. Sanders
County Executive

ATTEST:

Mary Jo Spino

Clerk of the Legislature

OPERATION BREAKTHROUGH

Executive Director CKO

Federal I.D. or S.S.#

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 \$32,580.00 which is hereby authorized.

7/200/17 201/

Date

Director of Finance and Purchasing

Account No: 002 - 77 43 - 56789

77432011001

Operation Breakthrough - Speech Therapy Program





OUTSIDE AGENCY FUNDING REQUEST FORM 2011 BUDGET

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

Email: auditor@jacksongov.org

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JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI.

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Section A: Organization or Agency Information	page 1
Section B: Agency's 2010 and 2011 Revenue Information	. page 2
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Section A: Organization or Agency Information Name: Operation Breakthrough, Inc. Address: 3039 Troost Avenue (816) 756-3511 Phone No: Fax: (816) 329-5235 Website Address: www.operationbreakthrough.org Federal Tax ID No: 43-0971560 Fiscal Year Cycle: 11/1 - 10/31 Steven P. Callahan, CEO Executive Director: Name and Title of Principal Contact Person: Marsha Gillespie, Grants Manager Phone No: (816) 329-5258 Email Address: marshag@operationbreakthrough.org Submittal of this request has been authorized by: Steven P. Callahan, CEO Date: 9/15/2010

Section B: Agency's 2010 and 2011 Revenue Information				
Agency's 2011 Projected Revenue Information				
Funding Entity	Agency's 2011 Total Projected Revenue Source You Will Request 2011 Funding From		Projected Amount	% of Total Revenue
Federal	Head Start, USDA	\$	982,000	13
State	Early Head Start, Title XX, Children's Trust	\$	1,750,000	24
Jackson County	Mental Health, COMBAT, Other	\$	120,900	2
Other Counties		\$	-	. 0
City	HPRP, Daycare	\$	338,000	5
Charity/Donations		\$	3,000,000	41
Fundraisers		\$	950,000	13
Other	United Way, Fees	\$	235,000	3
	2011 Total Projected Revenue	\$	7,375,900	

	Agency's 2010	Revenue l	nfor	m	ation		
Funding Entity	Agency's 2010 Tota Source You Received				Amou	ınt	% of Total Revenue
Federal	Head Start, USDA			\$		982,000	14
State	Early Head Start, Title XX, Ch	ildren's Trust		\$	1	,750,000	25
Jackson County	Mental Health, COMBAT, Other	er		\$		120,901	2
Other Counties				\$		-	0
City	HPRP, Day Care			\$		338,000	5
Charity/Donations				\$	2	750,000	39
Fundraisers				\$		930,000	13
Other (please list)	United Way, Fees			\$		235,389	3
		2010 Total Rev	enue	\$	7,	106,290	
please identify the funding source, amount and program name below. Jackson County Funding Source Yes No Amount Program Name							
COMBAT				•		ГЮ	gram Name
		V		\$			ram Name powerment
Mental Health Levy		_	□ ☑		35,165		powerment
•	or Developmentally Disabled	<u> </u>	_	\$	35,165	Youth Em	powerment
•	•	_ 	_ _	\$ \$	35,165 25,000 -	Youth Em Adult Men	powerment tal Health
Board of Services fo Domestic Violence E	Board		_ _ _ _	\$ \$ \$	35,165 25,000 -	Youth Em Adult Men	powerment tal Health
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Board of Services for Domestic Violence E House Programme Outside Agency Programme 7 2018 ACKSON COUNT AUDITOR'S OFFICE MANSAS CITY, MISS	Board John Spion Gram 2010 Total Jackso Cour agency receive funding or rooks	on County Fundances in 201	☑ ☑ ☑ ☑ ding	\$ \$ \$ \$ \$ \$ \$ \$	35,165 25,000 - - - 60,736 120,901	Youth Em Adult Men \$51,58 Speech/Ps	powerment tal Health 35 Cw sych Clinic
Board of Services for Domestic Violence E House Courside Agency Programmer 7 2018	Board John Spion Gram 2010 Total Jackso Cour agency receive funding or rooks	on County Fund		\$ \$ \$ \$ \$ \$ \$ \$	35,165 25,000 - - - 60,736 120,901	Youth Em Adult Men \$51,58 Speech/Ps	powerment tal Health みら <i>C</i> w sych Clinic

Section C: REVISED 2011 Program Budget

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

Agency Name:

Operation Breakthrough, Inc.

Program Name:

Speech Therapy Program

Position / Title	Persor	nal Services		
Certified Speech Therapist				o be funded by
S S S S S S S S S S				
S	Certified Speech Therapist	55,500	40%	24,750
Total Salaries Total Benefits - FICA @ .0765 Total Personal Services Contractual Services Children's TLC Total Contractual Services Supplies Supplies				
Total Salaries \$ 24,7				
Total Salaries \$ 24,7 Total Benefits - FICA @ .0765 \$ 1,8 Total Personal Services \$ 26,64 Contractual Services Children's TLC \$ 5,9 \$ - \$ - \$ - \$ Supplies Supplies				
Total Salaries Total Benefits - FICA @ .0765 Total Personal Services Contractual Services Children's TLC Solution				
Total Benefits - FICA @ .0765 \$ 1,8 Total Personal Services \$ 26,64 Contractual Services \$ 5,9 \$ -				\$
Total Benefits - FICA @ .0765 \$ 1,8 Total Personal Services \$ 26,64 Contractual Services \$ 5,9 \$ -	Total Salaries			\$ 24,750
Total Personal Services \$ 26,64 Contractual Services Children's TLC \$ 5,9 \$				1,893
Children's TLC \$ 5,9 \$ - \$ - \$ - \$ - \$ Supplies		Total Persona	al Services	 26,643
Total Contractual Services \$ 5,93 Supplies \$ -				
Total Contractual Services \$ 5,93 Supplies \$ -	Children's TLC			\$ 5,937
S				-
Total Contractual Services \$ 5,93 Supplies \$ -			1	-
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Total Contractual Services \$ 5,93 Supplies \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$				\$ _
Supplies \$ - \$ - \$ - \$ - \$ - \$ -				
\$ - \$ - \$ - \$ -	To	tal Contractua	l Services	\$ 5,937
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Total Supplies \$ -		Tota	I Supplies	\$ -

Total Program Request \$

32,580

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Operation Breakthrough Speech-Language Pathologist

Job Description

Title

Speech-Language Pathologist

Department(s) Therapy/ Health and Disabilities

Reports to

Health and Disabilities Coordinator

Job summary

Assess and treat persons with speech, language, voice, and fluency disorders.

May select alternative communication systems and teach their use.

May perform research related to speech and language problems.

Monitor patients' progress and adjust treatments accordingly.

Evaluate speech and language test results and medical or background information to diagnose and plan treatment for speech, language, fluency, and voice disorders.

Administer speech/language evaluations, tests, or examinations to patients to collect information on type and degree of impairments, using written and oral tests and special instruments.

Record information on the initial evaluation, treatment, progress, and discharge of clients.

Develop and implement treatment plans for problems such as stuttering, delayed language, and articulation disorders, based on own assessments and recommendations of other professionals.

Develop individual or group programs to deal with speech or language problems.

Instruct clients, parents and teachers on more effective communication techniques.

Teach clients to control or strengthen tongue, jaw, face muscles, and breathing mechanisms.

Develop speech exercise programs to reduce disabilities.

Consult with and advise educators or medical staff on speech or hearing topics such as communication strategies and speech and language stimulation.

Design, develop, and employ alternative diagnostic or communication devices and strategies.

Refer clients to additional medical or educational services if needed.

Summary of essential job functions

- Ability to read, analyze and interpret professional journals, technical procedures, and governmental regulations.
- Ability to write reports, business correspondence and procedure manuals.
- Ability to effectively present information and respond to questions from groups of managers, clients, customers and the general public.
- Ability to define problems, collect data, establish facts and draw valid conclusions.
- Knowledge of developmental screening and assessment tools and procedures.
- Effective verbal and written communication skills.
- Skill in establishing and maintaining effective relationships with disabled individuals.
- Skill in communicating effectively with a variety of people of various socio-economic and educational backgrounds.
- Knowledge of speech and language disabilities.
- Ability to work both independently and in a team environment.

Minimum requirements

Bachelor's Degree In Speech-Langauge Pathology or Communication Disorders

Master's Degree in Speech-Language Pathology

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

Agency Name: Operation Breakthrough, Inc.

Program Name: Speech Therapy Program

Proposed Program

Detail functions to be performed by each program.

The purpose of the Speech Therapy program is to provide specialized therapy for children who have been clinically diagnosed with speech and language delays or disorders, which range from problems with word articulation to problems using and understanding language. Speech and language delays often occur in conjunction with sensory processing or other developmental delays and are sometimes related to fetal drug/alcohol exposure. Language delays/disorders are exacerbated by literacy-poor home environments, where kids do not have adequate exposure to books or adults who will read to them, due in part to family instability and in part to parents' low educational levels.

Speech Therapy is provided on-site by both staff and contract therapists. Children receive two 30-minute one-on-one sessions each week; sessions incorporate games, songs, books and educational toys to encourage the children's participation and to teach pre-academic concepts, such as colors and numbers, to enhance language development and reinforce proper speech and communication skills. Speech therapists also conduct regular classroom sessions, along with workshops for classroom teachers that give practical sug

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

Agency Name:

Operation Breakthrough, Inc.

Program Name:

Speech Therapy Program

Identify	Particij the number of participants by	oants County that each program serves.
Jackson, MO	60 - 80	RECEIVED
Clay,Platte, Cass, MO		SEP 3 7 2010
Wyandotte, Johnson, KS		JACKSON COUNTY AUDITOR'S OFFICE MANSAS CITY, MISSOURI
Other Missouri		

Target Population

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

The program targets children enrolled in Operation Breakthrough's early education programs who have been clinically diagnosed with speech/language delays. Typically, 60-80 of those enrolled require specialized services. Overall, 87% of the families served by Operation Breakthrough are African American and 85% live below federal poverty guidelines. Nearly 80% of these families are headed by single women. Currently, 51% of parents are working, averaging 29 hours per week at an average hourly wage of \$7,68, for annual earnings of \$14,000 - \$16,000. Approximately 24% of parents are not working, primarily due to homelessness, substance abuse and/or mental health problems. Another 18% are without earnings while enrolled in GED, college or employment programs. Typically, 20% of the children enrolled at Operation Breakthrough are homeless and 20% are in foster care. Nearly 90% of families receive food stamps or assistance through the Women, Infants and Children (WIC) supplemental food program. More than 70% of children are on Medicaid or other government health program; 16% of children and 85% of parents are unins

Would you provide these services to anyone at your door? No, children must be enrolled at OB. Is anyone denied services? No, all enrolled children may receive services.

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)

85%

Senior Indigent Program

What criteria do you have for the clients you serve?

Operation Breakthrough serves low-income children and families living in Kansas City's urban core. Although families are expected to qualify for state childcare subsidies, OB cares for appoximately 120-180 homeless children or those w/o subsidies each year, at no charge and without

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

Agency Name:

Operation Breakthrough, Inc.

Program Name:

Speech Therapy Program

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Seventy-one percent of the children enrolled at Operation Breakthrough live in the Center's core geographical service area, bounded by 9th Street on the north, Oak on the west, 75th Street on the south, and Topping on the east. This service area includes a significant portion of Kansas City's 3rd Council District, which is often characterized as the city's "urban core."

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. and maintained in agency databases, allowing us to ensure that funds from Jackson County will be utilized only 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:	Operation Breakthrough, Inc.	
Program Name:	Speech Therapy Program	
<u> </u>		
	Approach & Method	
	List the top three (3) objectives for each program.	
To provide early inte before children enter so	rvention to detect and remediate speech and language chool.	disorders
·		
0) 7	and to show an how to stimulate shildren's language learn	uing
2) To educate parents,	caregivers, and teachers on how to stimulate children's language learn	iiig.
	•	
3.		
Det	ail specific methods you will use to achieve these objectives.	
Therapists develop a tre and/or group therapy in	rogram uses formal evaluation tools to assess children's speech and la eatment plan for each child requiring specialized services and provide i 30-minute sessions twice each week. Parents, preschool teachers an n ways to reinforce the work done in therapy in activities outside the the	individual d community
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JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI

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

Agency Name:

Operation Breakthrough, Inc.

Program Name:

Speech Therapy 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. Speech therapists write measurable goals for each child receiving therapy. They gather data every three months to measure progress toward these goals, and modify goals or establish new ones as needed. Teachers are periodically observed in the classroom to evaluate their use of the language stimulation methods they have learned in language development workshops. Parents are interviewed before and after training to see whether they can articulate specific techniques for stimulating their children's language learning at home

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) Operation Breakthrough constituents will be apprised of the generous contributions of Jackson Co. taxpayers through an article placed in Operation Breakthrough's newsletter, which is published 4 times and year and distributed to over 13,000 households throughout the metropolitan area. Newsletter articles are also posted on our website. In addition, a sign acknowledging funding will be placed in our Therapy Clinic.

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