AGREEMENT (Housing Resources Commission)

THIS AGREEMENT, made by and between JACKSON COUNTY, MISSOURI, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, acting by and through its Housing Resources Commission, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, HOPE HOUSE, P.O. BOX 577, LEE'S SUMMIT, MO 64063, hereinafter referred to as "Contractor".

WHEREAS, on June 4, 1991, the voters of Jackson County authorized the County Legislature to impose a \$3.00 user fee on all instruments recorded with the County's Department of Records, the proceeds of which fee is to be used to provide funds for assistance to homeless persons; and,

WHEREAS, the County actually imposed said fee by Ordinance No. 1986, dated June 10, 1991; and,

WHEREAS, by Ordinance No. 2030, dated September 3, 1991, the Legislature created the Housing Resources Commission and designated said Commission as the agency of the County responsible for determining the allocation and distribution of the proceeds of the user fee; and,

WHEREAS, the Commission has reviewed Contractor's proposal for the expenditure of County user fee funds for the purpose of providing assistance to homeless persons in Jackson County; and,

WHEREAS, the Commission has determined that it is in the best interests of the County's citizens to provide funding to Contractor according to the terms and conditions hereof;

FILED

MAR 7 2014

MARY JO SPINO COUNTY CLERK

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

- 1. <u>SERVICES</u>. Contractor shall use the proceeds of this Agreement solely for the purpose of providing assistance to homeless persons in Jackson County, Missouri. Contractor agrees to use the funds as set out on the Housing Resources Commission Funding Request Form, attached hereto as Exhibit A. 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 Housing Resources Commission no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.
- 2. TERMS OF PAYMENT. The County shall pay to Contractor a total amount not to exceed \$10,000.00 for the purpose of providing assistance to homeless persons in Jackson County, Missouri. One quarter of this sum, or \$2,500.00, shall be paid to Contractor on a quarterly basis for the periods ending March 31, 2014, June 30, 2014, September 30, 2014, and December 31, 2014, upon receipt of Contractor's invoice and supporting documentation, provided that Contractor has submitted to the County the report(s) required under Paragraph 3 and Paragraph 5 hereof. Each quarter's payment will be issued after Contractor has submitted the required invoices and supporting documentation for reimbursement. 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.

REPORTS/OTHER DOCUMENTATION. Under this Agreement, 3. Contractor shall submit appropriate reports, including copies of invoices and cancelled checks and/or a copy of the face of the check and corresponding bank statements and other documentation, as requested by the Housing Resources Commission staff to show that funds paid to Contractor by the County are being used for the purpose of providing assistance to homeless persons in Jackson County, Missouri. If the reports submitted do not satisfactorily demonstrate appropriate expenditures of County funds, payments are subject to downward adjustment to reflect the amounts actually spent on allowable services provided during the previous quarter. The final request for payment shall include a Quarterly Report and an Annual Report, which shall set out the program objectives and accomplishments, and a final reconciliation of funds. The Annual Report shall be submitted no later than January 31, 2015. Section 67.1071, R.S.Mo., specifically requires the Annual Report to include "statistics on the number of persons served by the agency, and shall include the results of an independent audit of expenditures of funds received by Contractor pursuant to this Agreement. Failure to submit said reports, including the Annual Report, shall result in the loss of 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. MAINTENANCE OF ACCOUNTS. The parties recognize that this funding by the County serves to improve the quality and effectiveness of homelessness programs in Jackson County, Missouri. It is, therefore, declared as the express intent of the parties that the services to be rendered hereunder shall be in addition to those deemed necessary and required to maintain the efficient and effective operation of Contractor in its normal duties, and that none of the funds paid by the County pursuant to this Agreement shall serve to reduce any funds budgeted, or to be budgeted, by Contractor for operations as they exist at the time of this Agreement. Contractor shall not commingle the County's funds and shall keep funds received under this Agreement separate from all other Contractor funds and accounts until expended as herein provided.
- 5. <u>SUBMISSION OF DOCUMENTS</u>. No payment shall be made under this Agreement unless Contractor 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) Contractor's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Contractor'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 Contractor has previously received funding from the County, to be eligible for future payments, Contractor must submit either an audited financial statement for Contractor'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 Contractor is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Contractor and assessed by the County.

- 6. **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.

- 7. EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED. Pursuant to §285.530.1, RSMo, Contractor 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, Contractor 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.
- 8. AUDIT. The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Contractor pertaining to its finances and operations. Further, Contractor 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.
- 9. **DEFAULT**. If Contractor shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Contractor, the County shall give Contractor ten days written notice, setting forth the default. If said default shall continue and not be corrected by Contractor 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 Contractor. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

10. APPROPRIATION OF FUNDS. Contractor and the County recognize that the County intends to satisfy its financial obligation to Contractor 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 Contractor 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.
- 11. <u>CONFLICT OF INTEREST</u>. Contractor 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.

- 12. **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.
- 13. <u>INDEMNIFICATION</u>. Contractor 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 Contractor during the performance of this Agreement.
- 14. **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.
- 15. <u>TERM</u>. The term of this Agreement shall commence January 1, 2014, and shall continue until December 31, 2014, unless sooner terminated pursuant to paragraph 9, 16, or 20 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.
- 16. **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.
- 17. **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.

18. **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 Troy Thomas 415 E. 12th Street, Suite 100 Kansas City, MO 64106 Hope House
Mary Ann Metheny
Chief Executive Officer
P.O. Box 577
Lee's Summit, MO 64063
(816) 461-4188

- 19. **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.
- 20. **REMEDIES FOR BREACH**. Contractor agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Contractor's failure to do so constitutes a breach of this Agreement. In such event, Contractor consents and agrees as follows:
 - A. The County may, without prior notice to Contractor, immediately terminate this Agreement; and
 - B. The County shall be entitled to collect from Contractor all payments made by the County to Contractor for which Contractor 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.

- 21. **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.
- 22. **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.
- 23. **CONFIDENTIALITY**. Contractor'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.
- 24. <u>INFORMATIONAL REPORTING</u>. A representative of Contractor shall attend meetings of the County Legislature and the Housing Resources Commission when so requested by either of the above-referenced entities. The representative shall be prepared to answer any questions concerning payments made pursuant to this Agreement.
- 25. <u>SURPLUS FUNDS</u>. Any surplus funds not spent at the end of this Agreement term shall be returned to the County by the fifteenth of the month following the termination of this Agreement. These funds shall not be subject to reappropriation. The term "surplus funds" refers only to those funds that have not been committed for costs or purposes by purchase order, contract, or other formal documentation within the

Agreement term.

- 26. PERFORMANCE REVIEW. The performance of this Agreement shall be subject to review by the County or its designated agent. The County's Housing Resources Commission Director shall review the performance of this Agreement according to his/her responsibilities. Contractor agrees to file all required forms with the Housing Resources Commission Director. The Housing Resources Commission may provide to Contractor a list identifying specific areas funded by the proceeds of this Agreement to be reviewed or audited. The Housing Resources Commission and Contractor shall agree on the definition and scope of a review audit of each specific area identified. Contractor shall conduct internal review of each specific area identified and shall provide its findings to the Commission. The parties recognize that all books, records, accounts, and any other documents in the possession of the County relative to the funding of this Agreement, are public records and open for inspection and photocopying in accordance with Chapter 610, R.S.Mo.
- 27. <u>DISCONTINUANCE OF PROGRAM</u>. In the event Contractor should elect to discontinue this program, or file for bankruptcy, or participate in a reorganization, or go out of existence, or should a court of competent jurisdiction render a final decision in any way invalidating this Agreement or its purposes, Contractor shall remit any proceeds of this Agreement as are unexpended to the County.
- 28. <u>COMPLIANCE WITH RFP</u>. At all times in connection with the performance of its services hereunder, Contractor agrees to comply with and abide by the General Conditions, Specifications, and Guidelines contained in the County's RFP No. 49-13. Failure to comply with the terms of the RFP shall be a breach, remediable under

Paragraph 20 hereof. In the event of a conflict between any provision of this Agreement and a provision of the County's RFP No. 49-13, the provision of this Agreement shall govern.

29. <u>INCORPORATION</u>. This Agreement incorporates the entire understanding and agreement of the parties.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

W. Stephen Nixon County Counselor

Michael D. Sanders County Executive

ATTEST:

HOPE HOUSE

Mary Jo Spino Clerk of the Legislature

Title Chief Executive Officer Federal Tax I.D. 43-1265685

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 \$10,000.00, which is hereby authorized.

Hebruny 28, 2014

Director of Finance and Purchasing

Account #043-7001-56789

70012014005



HOUSING RESOURCES COMMISSION FUNDING REQUEST FORM 2014 BUDGET

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

Emall: hrc@jacksongov.org

Section A:	Organization or Agency Information	page	1
Section B:	Agency's 2013 and 2014 Revenue Information	page	2
Section C:	Individual Program Budget	page	3
Section D:	Program Information	pages	4 -10

Section A: Organization or Agency Information			
Name: Hope House, Inc.			
Full Address- City, State & Zip Code: P.O. Box 577, Lee's Summit, MO 64063			
Phone No: 816-461-4188 Fax: 816-257-9350			
Website Address: www.hopehouse.net			
Federal Tax ID No: 43-1265685 Flscal Year Cycle; October - September			
Executive Director: MaryAnne Metheny			
Name and Title of Principal Contact Person: MaryAnne Metheny, Chief Executive Officer			
Phone No: 816-461-4188, ext. 331 Email Address: mmetheny@hopehouseлet			
Major Program Activity (les) - Check Only Those Activities For Which You Are Requesting Funding:			
Personal Services (Case Manager) 🔲			
Bednights ☑ Emergency Shelter □ Transitional Living □			
Mortgage/Rent Assistance ☐ Utilities ☐ Other - Food/Clothing, ETC ☐			
Submittal of this request has been authorized by: Maryanne Mexican			
Date. (//O//)			

Section B: Agency's 2013 and 2014 Revenue Information Agency's 2014 Projected Revenue Information Phojeoled Amount Agjanoy, s 2014 Tiotal Projected Revenue Sonice You Will Request 2014 Funding Prom % (a) Total Revenue Fiumdine Entity Departments of Justice, Agriculture, HUD, & HHS 983,201 24 Federal Department of Social Services & Public Safety 6 \$ 251,829 State COMBAT, Mental Health Levy, Domestic Violence Board, Housing Resource 8 \$ 318,040 Jackson County Commission 0 \$ Other Countles N/A 0 11,595 \$ City of Independence Clty \$ 1,300,787 31 Charity/Donations Corporate, Churches, Individuals, Service Organizations,& Foundations \$ 664,250 16 Corporations & Individuals **Fundralsers** 623,043 15 \$ Other Court Fees, United Way, Interest, Program Fees, Endowment 4,152,745 2014 Total Projected Revenue \$

	Agency's 201	3 Revienu	ixoitall e	mile	NÜJOM)		
Estados Estibu	Agəndyls 2018 Tol Source Yotu Received	ell Revenue Esmadlan Dro	nal		/Avanou	ınli	% of Tiotal Revenue
Eunding Entity Federal	Departments of Justice, Agric			\$	OHEN SELECTION OF	966,680	25
State	Department of Social Service			\$		283,898	7
Jackson County	COMBAT, Mental Health Levy, Domestic Vic Commission			\$		326,549	8
Other Counties	N/A			\$		-	0
City	City of Independence			\$		10,929	0
Charity/Donations	Corporate, Churches, Individuals, Service C	organizations,& Fou	ndations	\$	1	,160,772	30
Fundralsers	Corporations & Individuals \$ 554,385 14			14			
Other (please list)	Court Fees, United Way, Interest, Prog	gram Fees, Endo	wment	\$		574,172	15
2013 Total Revenue \$ 3,877,385					tenna sayar saya ka sa sa la ka		
lif your agency received funding from Jackson Gounty in 2013,							
please identity the funding source, dollar amount and program hame below.							
Jackson County Fun	rdina Sanuce	Yios.	iólki .	1	Almiounit -	Pluo	ojiraton (Manore)
COMBAT	AUG SANDER STREET	√		\$		Treatmer	
Mental Health Levy	V		\$	257,655	Comm. Mente	al Health & Innovations	
Board of Services fo		V	\$	II II			
Domestic Violence E	V		\$	47,340	Domestic V	olence Sheller funds	
Housing Resources Commission			\$	10,000	Emergenc	y Sheller Bednights	
Outside Agency Program			\$	1,200	Homeles	sness Trust Fund	
1	2013 Total Jackson County Funding			\$	343,195		
		- HIT - J		Ė	- 1-18 (12.5)		

	Section C: 2014	Budget	A	gency:	Hope House,	Inc	neros arequires
Position / Title (Case Managers Only)	1 194 Philippine House Safe and	P	ERSONAL	SERVIC	ES		
Position / Title (Case Managers Only) Annual Salary Jackson Co HRC \$	For	each salary req	uest below please	attach a job	description of duties		
Total Personal Services Fringe Benefits (finited to 20% of saterless) Fringe Benefits (finited to 20% of saterless) Fringe Benefits (finited to 20% of saterless) Total Personal Services \$ SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Maximum 550 Per Individual / \$100 Per Family (Total \$300 Individual / \$500 Family) Type: Might, Emergency Shelter, or Transaktional Living Morganery Shelter, or Total Unit Cost Unit Cost Unit Cost Unit Cost Unit Total Shelter Assistance Total Shelter Assistance Funda Total Shelter Assistance Total Shelter Assistance Total Shelter Assistance MORTGAGE / RENTAL ASSISTANCE Citent must provide statement of a reare so frostociaure from landicred (on Interhead) to quality Typo: Morfgage or Rent Cost Units Cost Units Cost Units Cost UTILITIES Citent must provide statement of a reare so frostociaure from landicred (on Interhead) to quality Total Mortgage / Rental Assistance UTILITIES Citent must provide statement of a reare so utility company fullserhead to quality Total Matching Funda Total Maximum Per Citent Units Cost Total Utilities Total Utilities Total Utilities OTHER (Food, Clothing, Etc*.) St provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$500 Per Individual / \$100 Per Family Per Year Typo: Unit of lien Jackson County HRC Request Funda Total Matching Item Fonda Total Matching Item Jackson County HRC Request Funda Total Matching Item Jackson County Jackson Cou	Position / Title (Ca	ıse Managers (Only)		to be funded by	to be fu	inded by
Fiftings Benefits (limited to 20% of salardee) Fiftings Benefits (limited to 20% of salardee) For Total Personal Services \$ Total Personal Services \$ SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Matching 170 per Family (Total Sub Individual 1800 Family) Fifting Benefits (Property of Shelter, Transitional Living Cost Unit Cost Unit Cost Unit Cost Unit Cost Unit Cost Unit Cost HRC Request Funds Cost HRC Request Funds Cost HRC Request Funds Cost Unit Cost HRC Request Funds Cost Unit Cost Uni			**********			\$	(6 §
Total Personal Services Total Personal Services SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Maximum \$50 Per Individual / \$100 Per Family (Total \$300 Individual / \$500 Family) Type: dnights, Emergency Shelter, Transitional Living Maximum \$50 Per Individual / \$100 Per Family (Total \$300 Individual / \$500 Family) Total Shelter Sol 33,492 1,774,600 10,000 1,764,600 1,774,600 Transitional Living Cost Units Cost HRC Request Family Total Shelter Assistance \$ 10,000 MORTGAGE / RENTAL ASSISTANCE Cilent must provide sidement of arrases or foreiocurs from landors (on letterhead) to quality Type: Unit Number Total Mortgage or Rent Cost Units Cost HRC Request Funds Total Mortgage / Rental Assistance \$ UTILITIES Cilent must provide statement of arrases or utility company tetlement to quality Total Utilities \$ OTHER (Food, Clothing, Etc*.) Assignment of explantion on letterhead-subject to HRC Board approval Maximum of Spo Per Individual / \$100 Per Family Per Year Total Units Cost HRC Request Funds OTHER (Food, Clothing, Etc*.) Number Total Maximum of Spo Per Individual / \$100 Per Family Per Year Total Units Cost HRC Request Funds Cost HRC Request Funds Cost Cost HRC Request Funds Cost HRC Request Funds Total HRC Request Funds Cost HRC Reques	5. (659)-01.						
Total Personal Services SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Maximum \$40 Per Individual \$100 Per Family (Total \$300 Individual \$1500 Family) Type: Indights, Emergency Shelter, or Unit Cost Units)(#)
Total Personal Services SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Maximum \$50 Per Individual \$100 Per Family (Total \$300 individual \$500 Family) Type: Month of Cost Units Cost HRC Request Total Shelter Assistance \$ 10,000 1,764,600 1,774,600 1,764,600 1,764,600 1,764,600 1,764,600 1,774,600 1,764,600 1			***********	Ednes Denesis	o (limbert to 000) of colored		
SHELTER ASSISTANCE - Bednights, Emergency Shelter, Transitional Living Maximum \$60 Per Individual / \$100 Per Family (Total 3000 Individual 1 \$500 Family) Type: Indights, Emergency Shelter, or Transitional Living Indights, Emergency Shelter, or Indights, Emergency Shelter, Transitional Living Item Footal Shelter Assistance \$ Indights, Emergency Shelter, or Indights, Emergency Shelter, Transitional Living Item Footal Housing Item Total Shelter Assistance \$ Indights, Emergency Shelter, Transitional Living Item Total Shelter Assistance \$ Indights, Emergency Shelter, Transitional Living Item Total Mortgage Rental Assistance \$ Indights, Emergency Shelter, Transitional Living Item Total Mortgage Rental Assistance \$ Indights, Emergency Shelter, Transitional Living Item Indights, Emergency Shelter, Transity Shelter, Total Shelter, Transity Shelter, T		T	ntal Parsonal		s (innited to 20% of salanes)		
Type: Unit Order		'	otal i cisoliai	OCI VIOCO		\$	-
Anghis, Energency Shelter, or Transitional Living Cost Units						itional L	iving
Transitional Living Cost Unite Cost HRC Request Funds Cost only Shelter 50 35,492 1,774,600 10,000 1,764,600 1,774,600 10	Type:	T T	Number	Total	2014		
Total Shelter Assistance \$ 10,000 MORTGAGE / RENTAL ASSISTANCE Cilent must provide stelement of arears or toreolosure from landlord (on letterhead) to quality Type: Mortgage or Rent Total Mortgage / Rental Assistance \$ UTILITIES Cilent must provide statement of arears on utility company letterhead to quality		1. 1				- 1	
Total Shelter Assistance \$ 10,000 MORTGAGE / RENTAL ASSISTANCE Client must provide statement of arrears or foresciosure from handrord (on fetterhead) to quality Type:	nergency Sheller	50	35,492	1,774,600	10,000	1,764,600	1,774,600
MORTGAGE / RENTAL ASSISTANCE Cilent must provide stalement of arrears or foreclosure from landlord (on tetterhead) to quality Type: Unit	ansitional Housing	50	5,283	264,150			264,150
MORTGAGE / RENTAL ASSISTANCE Cilent must provide stalement of arrears or foreclosure from landlord (on tetterhead) to quality Type: Unit							
MORTGAGE / RENTAL ASSISTANCE Cilent must provide stalement of arrears or foreclosure from landlord (on tetterhead) to quality Type: Unit			4.101.11.1		A 40.000		
Client must provide elatement of arrears or foreclosure from landford (on letterhead) to qualify Type:		10	otal Shelter As	ssistance	\$ 10,000		
Type: Unit Cost Units Cost HRC Request Funds Cost Total Mortgage / Rental Assistance \$ UTILITIES Client must provide statement of errears on utility company letterhead to qualify \$300	Cilent must					ality	
Mortgage or Rent Cost Units Cost HRC Request Funds Cost Total Mortgage / Rental Assistance UTILITIES Client must provide statement of errears on utility company tetterhead to qualify \$300 Mumber Total Jackson County HRC Request Funds Cost Total Utilities Total Utilities OTHER (Food, Clothing, Etc*.) St provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$50 Per Individual / \$100 Per Family Per Year Type: Please Describe Units Cost Units Cost HRC Request Funds Cost Funds Cost Funds Cost Total HRC Request Funds Cost	Tunot	11-14			* * * * * * * * * * * * * * * * * * * *	Matakhan	
UTILITIES Client must provide statement of errears on utility company tetterhead to qualify \$300			**			- 1	
UTILITIES Client must provide statement of errears on utility company tetterhead to qualify \$300							
UTILITIES Client must provide statement of errears on utility company tetterhead to qualify \$300				91			
UTILITIES Client must provide statement of errears on utility company tetterhead to qualify \$300				- X =			
Client must provide statement of errears on utility company tetterhead to qualify \$300	T	otal Mortga	ge / Rental As	sistance	\$ -		
\$300 Number Total Jackson County HRC Request Funds Cost Total Utilities \$ OTHER (Food, Clothing, Etc*.) St provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$50 Per Individual / \$100 Per Family Per Year Type: Unit of Item Jackson County HRC Request Funds Cost Please Describe Cost Units Cost HRC Request Funds Cost	Cileni	t must provide eta	UTILIT Itement of arrears of	IES n utility compa	ny letterhead to qualify		
Per Client Units Cost HRC Request Funds Cost Total Utilities \$ OTHER (Food, Clothing, Etc*.) St provide statement of explantion on letterhead-subject to HRC Board approval Meximum of \$50 Per Individual / \$100 Per Family Per Year Type: Unit of Item Jackson County Matching Item Please Describe Cost Units Cost HRC Request Funds Cost		\$300	Number	Total	2014		
Total Utilities \$ OTHER (Food, Clothing, Etc*.) St provide statement of explantion on letterhead-subject to HRC Board approval Meximum of \$50 Per Individual / \$100 Per Family Per Year Type: Unit of Item Jackson County Matching Item Please Describe Cost Unite Cost HRC Request Funds Cost OTHER (Food, Clothing, Etc*.) Number Total Total Item Jackson County Matching Item Funds Cost Cost Cost Cost Cost OTHER (Food, Clothing, Etc*.)						~ 11	
OTHER (Food, Clothing, Etc*.) st provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$50 Per Individual / \$100 Per Family Per Year Number Total 2014 Total					-10		
OTHER (Food, Clothing, Etc*.) st provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$50 Per Individual / \$100 Per Family Per Year Number Total 2014 Total			100				
OTHER (Food, Clothing, Etc*.) st provide statement of explantion on letterhead-subject to HRC Board approval Maximum of \$50 Per Individual / \$100 Per Family Per Year Number Total 2014 Total					*****		
Meximum of \$50 Per Individual / \$100 Per Familiy Per Year Number Total 2014 Total			Tota	l Utilities	\$ -		
Meximum of \$50 Per individual / \$100 Per Family Per Year Number Total 2014 Total Type: Unit of Item Jackson County Matching Item Please Describe Cost Unite Cost HRC Request Funds Cost			•	•	,	ja	
Type: Unit of Item Jackson County Matching Item Please Describe Cost Units Cost HRC Request Funds Cost	ust provide statement of e	•		•	• •		
Type: Unit of Item Jackson County Matching Item Please Describe Cost Units Cost HRC Request Funds Cost		Maximum of				r	Total
		Unit			Jackson County	Matching	
	Please Describe	Cost	Unite	Cost	HRC Request	Funds	Cost
TALOU T				16 7			
			-				

TOTAL 2014 JACKSON COUNTY HRC REQUEST \$

10,000

Ad	encv	Name:

Hope House, Inc.

Program Name:

Emergency Shelter Bednights

Agency History / Backg ound

Briefly describe your agency's history and background At its January 1, 1983 Inception, Hope House's domestic violence shelter housed 15 women and their children. Now celebrating its 30th anniversary, Hope House has grown into the largest domestic violence shelter in the metropolitan area and in the state of Missouri with 122 beds between its Lee's Summit and Independence campuses. Each bed is full nearly every night of the year; when someone leaves, the space is filled immediately. In fact, the agency often operates over its 122 bed capacity through the use of roll-away beds, youth cots, and infant cribs. Hope House remains the sole domestic violence service agency in eastern Jackson County and is committed to providing culturally competent, trauma informed care to the more than 4,200 survivors of abuse from across the Kansas City metro who directly benefit from the agency's efforts each year. Sadly, domestic violence is so pervasive locally that even with operating at or above its capacity, Hope House turns away nearly as many as it serves. In addition to sheller and a 24-hour hotline, survivors access transitional housing; case management emphasizing housing, health, selfsufficiency, and family issues; children's advocacy, i.e., activities that promote positive child development and parent/child interaction; civil legal representation; individual, group, and family counseling for adults and children; substance abuse counseling; monitored custody exchanges and supervised visitation; information, support, and safety planning in four local hospitals and 12 area courts including order of protection court; a lethality assessment program with five municipal police departments; and an onsite dental clinic. Additionally, Hope House offers community education. Each of these programs illustrates Hope House's mission "to break the cycle of domestic violence by providing safe refuge and supportive services that educate and empower women and children. Hope House will advocate social change that protects and engenders a person's right to live a life free of abuse."

As Hope House developed its programs, it was with the understanding of the strong interconnectedness between domestic violence and homelessness. In fact, "half of all homeless women and children become homeless while trying to escape abuse situations," and "homeless women experience high levels of abuse before, during and after episodes of homelessness and are often victimized by multiple perpetrators in their lifetimes" (No Safe Place, 2006, as reported by MCADSV).

Agency Name:

Hope House, Inc.

Program Name:

Emergency Shelter Bednights

Proposed Program Darall budless to be performed by each program.

Rendered homeless by their circumstances, domestic violence survivors and their children demonstrate complex, unique needs to which Hope House's services cater. Hope House respectfully requests \$15,000 from the Jackson County Housing Resources Commission to fund emergency shelter bednights for homeless domestic violence survivors and their children, or the cost to feed, clothe, and safely house a person for one night. The cost further includes crisis intervention, strengths-based case management, and access to the agency's wrap-around support services.

Potential clients access shelter by calling the agency's 24-hour hotline and are accepted immediately as their need diotates and as space allows. Upon arrival, clients' basic needs are addressed; an intake is completed; and clients are introduced to the shelter's three-phase model. Phase 1 — Respite lasts approximately 30 days. The emphasis is on clients' safety, rest, and recovery; minimal expectations are made of them. Still, Advocates hold initial advocacy sessions within 72 hours of a client's entrance to shelter to provide crisis intervention support, complete a safety plan, discuss domestic violence dynamics, and answer questions. After three weeks in shelter, clients meet again with a Women's Advocate to discuss their plans. Anyone who wishes to remain in shelter beyond 30 days completes a Phase 2 — Resilience application detailing their strengths, barriers, and intentions for the next 30 days. In general, anyone who completes a Phase 2 application is accepted. Those who do not wish to remain in shelter beyond 30 days set a move out date near their 30th day. While these are the only required meetings during the first 30 days, Women's Advocates are available at all times for individual meetings, and adults and children may also participate in groups or meet with a therapist individually during this time.

Phase 2 of the Shelter Program encapsulates days 31 to 90, approximately. Hope House asks clients to meet with a Women's Advocate weekly throughout Phase 2, which is characterized by goal identification and achievement. To begin this process, Advocates and clients together complete a strengths assessment to outline the client's goals and the specific action steps required to meet those aims. Subsequent advocacy sessions assess progress. Common goals include addressing finances, e.g., securing employment, applying for benefits, budgeting, and overcoming economic abuse; addressing health concerns; and pursuing housing. To stay attuned to trends and available resources, shelter personnel participate in the Homeless Services Coalition, the Mid America Assistance Coalition's Community Resource Connection meetings, and other collaborative networks. This aids in the coordination of service provision. Hope House provides bus passes and cab fare to clients when possible and has limited funds available to assist with expenses such as rent deposits, utilities, car repairs, prescription medications, identification, and work uniforms. Children's Advocates partner with Women's Advocates to support survivors who enter shelter with children. Children's Advocates provide targeted case management services, such as assistance with obtaining immunizations and ensuring that children are enrolled in and have transportation to school. Children's Advocates also facilitate age-appropriate activities for children. Every 30 days during Phase 2, clients complete a Review Form that Identifies the goals they have accomplished, their strengths and barriers, and if applicable, reasons they need another 30 days in shelter. As long as clients are showing progress and have a plan, they may continue to reside in shelter.

Sometimes clients have accomplished the majority of their goals but need some additional time before they can move out on their own. In such cases, clients may apply for Phase 3 – Renewal. Generally, applications will be approved. Occasions when they may be denied include if the client were still in crisis and demonstrating a need for additional support. In these circumstances, clients may remain in Phase 2 as long as they continue working on their identified goals. During Phase 3, clients continue to meet with their assigned Advocate to provide status updates, and if needed, to receive support.

There is no minimum or maximum number of days someone may reside in the Emergency Sheller Program. In FY12, the average length of stay for clients in shelter at Hope House was 31 days, including women who stayed for only 24 hours and those who stayed for extended periods of time. Prior to exit, Women's Advocates work with clients to prepare an aftercare plan to help ease the transition from shelter to community. Hope House's Emergency Shelter Program enables survivors to rebuild their lives, become sel sufficient, and live free of abuse.

Agency	Name:
--------	-------

Hope House, Inc.

Program Name:

Emergency Shelter Bednights

	Panilelpants Apanlelpants by County (telterebishopen serves
Jackson, MO	
Clay,Platte, Cass, MO	
Wyandotte, Johnson, KS	
Other Missouri	53 (Plus 31 from other KS and USA cour

Describestarcet population and demographics to be sawed by each program. In the Homeless Services Coalition of Greater Kansas City's January 2013 point-in-time count of homeless individuals, 13.2% of all respondents indicated domestic violence was a contributing factor to their homeless circumstances. Hope House's Emergency Shelter Program targets those persons who are homeless due to their abuse. The economic climate has caused it to be more difficult for these survivors to find employment provide for their children, and access financial resources. Clients consequentlyare residing longer in shelter. Five years ago, the average length of stay in shelter was 26 days. Thus far in FY13, the average stay is 32 days. Hope House is on track with serving a similar number of homeless domestic violence survivors in its emergency shelter in FY13 as it did in FY12. In FY12 (10/1/11-9/30/12), Hope House sheltered 666 women and 457 children. Approximately 79% of sheltered clients reported Jackson County, Missouri as their county of residence prior to entering shelter; all are homeless in Jackson County upon entry Into Hope House's shelters. Racial demographics of adult clients included 57% white, 29% African American, 8% multiracial, 2% Asian/Pacific Islander and 4% other. Eight percent (8%) were of Hispanic ethnicity. English was clients' primary language (97%), followed next by Spanish (2%). Women's ages varied: 34% were 17-29, 32% were 30-39, 23% were 40-49, 10% were 50-59, and 1% was 60 and older. The average woman entering shelter brought two children. Fifty-four percent (54%) of children were boys. Forty-four percent (44%) of children were 0-4 years old, 30% were 5-9, 22% were 10-14, and 4% were 15-17. Congruent with national data, an overwhelming 80% of Hope House shelter clients reported household incomes of \$9,999 or less; 41% reported no income at all. Just 1% reported incomes greater than \$30,000. Hope House anticipates serving approximately the same number of clients annually with a similar demographic composition.

A sign out Manage	
Agency Name:	Hope House, Inc.
Program Name:	Emergency Shelter Bednights
	Sandko Delivery Area
Jatemilly y	owi specificigeographic sowice dallychy area for each proprain.
Springs, Grain Valley, G Kansas City, Missouri. I safety reasons, adult an utilizo Hope House shelt City area domestic viole	n and primarily serves eastern Jackson County, which includes the cities of Blue randview, Independence, Lee's Summit, Oak Grove, Raytown, Sugar Creek, and Hope House does not utilize geographic residency as criteria for its services, and it child survivors from other cities and states have relocated to Jackson County to er services. Hope House communicates multiple times each day with other Kansince shelters regarding available bed space; this ensures appropriate referrals ne caller prefers a certain area of town and/or if a shelter is operating at capacity.
i ii	
y 1	
. Ilndleafe what measur Wi	Fund Separation es your ajancy villi aka to ensure that funds received from Jackson County Il be utilized for the benefit of Jackson County restitents
Generally, Hope House on homeless due to abuse a	considers all shelter residents to be Jackson County residents since they are and residing in an emergency shelter in Jackson County. Hope House tracks their shelter entry through a database and spreadsheet.
,	

Hope House, Inc.
mergency Shelter Bednights
Approach & Methed Lathboloothree (8) objectives for each program.
vill report an increased sense of safety.
vill have basic needs met for themseives and their children.
vili complete a safety plan at initial advocacy.
specific mellods you willfuse ito achieve these objectives.
steps to assist survivors in achieving the desired objectives. For one, Hope and their children with a physically safe environment protected by secured gates
is. In addition, the shelter facilities are designed to provide survivors with a
example, residents are provided with a warm bed, clothes, personal care items Additionally, Women's Advocates are present in shelter 24-hours per day to
ning a plan for moving forward with their lives through the provision of case y, resource referrals, safety planning, and crisis intervention and access to a
such as Individual and group therapy.

Agency Name:

Hope House, Inc.

Program Name:

Emergency Shelter Bednights

Exaltration Illowromitha sycoesa ich achtaigem in baevaluotek? manermaatines or statisiks you villaga ito damonstrato tha success of each <u>arogra</u>m.

Hope House evaluates the Emergency Shelter Program through the use of client surveys and through assessment of progress made toward Identified goals. Specifically, Hope House measures clients' Increased sense of safety by asking clients to complete an Initial client satisfaction questionnaire administered after 24 hours in shelter. Clients rate their level of safety before entering shelter and their level of safety after being in shelter for 24 hours. The desired result is a 1-point increase in the safety rating. Clients complete a safety rating again after one week in shelter. The rating before entering shelter is compared with the rating after spending one week in shelter. The desired result is a 1-point increase in the safety rating. Secondly, Hope House strives to meet every client's basic needs. To measure this objective, clients are asked to respond to the basic needs question on the initial client satisfaction questionnaire administered after 24 hours in shelter and again after one week in shelter. Basic needs are met if clients indicate they received personal care items, food, clothing, and support. Lastly, Hope House aims for clients to have a safety plan in place to keep themselves safe. Every client is given a blank safety plan upon intake and also sets a goal with a Women's Advocate to create the safety plan with a Women's Advocate within a client's first 72 hours in shelter.

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 **Hope House**, 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, **Hope House**, 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 Chief Execuitve Officer Title	MaryAnne Metheny Printed Name
Subscribed and sworn before me this 17 commissioned as a notary public within the many commission expired and my commission expired to the commissio	County of Now State of
Signature of Notary	2(11)14 Date
ANGIE TUCK Notary Public, Notary Seal	

Jackson County
Commission # 12391420
My Commission Expires September 05, 2016