### COOPERATIVE AGREEMENT

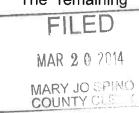
AN AGREEMENT by and between **JACKSON COUNTY, MISSOURI**, hereinafter called "the County" and **OPERATION BREAKTHROUGH, INC.**, 3039 Troost, Kansas City, Missouri 64109, hereinafter called "Organization."

WHEREAS, the County and Organization 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 Organization respectively promise, covenant and agree with each other as follows:

- 1. **Services.** Organization 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. 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 Office no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.
- 2. <u>Terms of Payment</u>. The County agrees to pay to Organization the total amount of \$32,580.00 in quarterly installments of \$8,145.00 each, 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. 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 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. <u>Submission of Documents</u>. No payment shall be made under this contract unless Organization has submitted to the 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 Organization's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the Organization'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), (5) a paid tax receipt on all properties owned by organization or notice of exemption. If an Organization has previously received County funding, to be eligible for future payments, an Organization must submit either an audited financial statement for the Organization'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 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. <u>Employment of Unauthorized Aliens Prohibited.</u> 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 County further reserves the right to examine and audit, during reasonable office hours, the books, and records of Organization pertaining to its finances and operations. Organization agrees to establish and adopt such accounting standards and forms as may be recommended by the County's Director of Finance and

Purchasing prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document the expenditure of these funds may be changed from time to time upon mutual agreement.

- 8. <u>Default</u>. If Organization shall default in the performance or observation of any term or condition herein, the County shall give Organization ten (10) days' written notice setting forth the default. If said default shall continue for ten (10) days after written notice thereof, the County may at its election terminate the contract and withhold any payments not yet made to Organization. Said election shall not in any way limit the County's right to sue for breach of contract.
- 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. <u>Conflict of Interest</u>. 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 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.
- 12. <u>Indemnification</u>. 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) to the extent caused by the negligence or willful misconduct of Organization or its employees, agents or representatives.
- 13. <u>Insurance</u>. 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 as of January 1, 2014, and shall continue until December 31, 2014, 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. <u>Termination</u>. 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 obligation 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. <u>Standard of Care</u>. 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. <u>Financial Contact</u>. 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. 12<sup>th</sup> Street, Suite 100 Kansas City, MO 64106 Operation Breakthrough
Marsha Gillespie
Grants Manager
3039 Troost Avenue, KCMO 64109
816-756-3511

- 18. <u>Compliance</u>. 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. <u>Remedies for Breach</u>. Organization promises, covenants, and agrees to faithfully observes and perform all of the terms, provisions, and requirements of this

Agreement, and Organization's failure to so observe and perform in accordance with said Agreement represents and constitutes a breach of this Agreement. In such even, Organization consents and agrees as follows:

- A. That the County may without prior notice to Organization immediately terminate this Agreement; and,
- B. In addition to the foregoing, the County shall be entitled to collect from Organization all payments made by the County for which Organization has not yet rendered services in accordance with this Agreement, and may also be entitled to reasonable attorney's fees, court costs, and other expenses if it is necessary to bring legal action to recover such amount.
- 20. <u>Transfer and Assignment</u>. Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.
- 21. <u>Organization Identity</u>. 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. <u>Confidentiality</u>. 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. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this

2014

APPROVED AS TO FORM:

W. Stepher Nixon County Counselor

ATTEST:

Mary Jo Spino Clerk of the Legislature JACKSON COUNTY, MISSOURI

Michael D. Sanders **County Executive** 

OPERATION BREAKTHROUGH

**Executive Director** 

Federal ID No.43-0971560

#### 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.

March 18, 2014

Director of Finance and Purchasing

Account No. 002-7743-56789

7743 2014 001



# **OUTSIDE AGENCY FUNDING REQUEST FOR 2014 BUDGET**

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

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
Section B: Agency's 2013 and 2014 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information					
	O and Care David Harris	la la			
Name:	Operation Breakthroug	n, inc.	Fr. Freil		
Address:	3039 Troost Avenue, K	CMO 64109	Zip Code:	64109	
Phone No:	(816) 756-3511		Fax: (816) 329-	5289	
Website Address: www.operationbreakthrough.org					
3			Serie survivo		
Federal Tax ID	No: 43-0971560		Fiscal Year Cycle: 11/1 - 10/3	1	
Executive Dire	otor:		Susan Stanton, CEO		
Name and Title	of Principal Contact Pers	son:	Marsha Gillespie, Grants Man	ager	
Phone No:	(816 <u>)</u> 329-5258	Email Addre	ess: <u>marshag@op</u>	erationbreakthrough.org	
Submittal of this request has been authorized by: Susan Stanton, CEO					
•		Date:		RECEIVED	

AUG 27 2013 JACKSON COUNTY JUDITORS OFFICE KANSAS CITY, MISSOURI

Section A

#### Section B: Agency's 2013 and 2014 Revenue Information Agency's 2014 Projected Revenue Information Agency's 2014 Total Projected Revenue % of Projected **Funding Entity** Source You Will Request 2013 Funding From Amount Total Revenue Federal 1,477,760 Head Start, Early Head Start, USDA \$ 22 \$ MO DSS Childcare Asst, Children's Trust Fund 656,000 10 Jackson County COMBAT, Mental Health, HRC, Outside Agency \$ 2 153,346 Other Counties \$ 0 n/a

2014 Total Projected Revenue

\$

\$

\$

159,953

1,850,000

1,215,000

1,151,950

6,664,009

2

28

18

17

Section B

State

City

Other

Charity/Donations

Fundraisers

CDBG

Individual Donations

Annual Dinner & Auction, other FR events

Grants from Private Foundations, Corporations

	Agency's 2013	Revenu	ie Info	rm	ation		
Funding Entity	Agency's 2013 Tota Source You Received F		ım		Amo	unt	% of Total Revenue
Federal	Head Start, Early Head Start, USDA			\$		1,477,760	20
State	MO DSS Childcare Asst, Children's Trust Fund			\$		656,000	9
Jackson County	COMBAT, Mental Health, HRC, Outside Agency			\$		149,924	2
Other Counties	n/a			\$		110,021	0
City	CDBG			\$		159,953	2
Charity/Donations				\$	2	2,313,424	32
Fundraisers	5. <b>4</b>			\$		,362,553	19
Other (please list)	Grants from Private Foundations			\$		,182,144	16
M ,	2013 Total Revenue			\$	.,	,301,758	
r	lease identify the funding sou	irce, amou	nt and n	rodi	ram nam	e below	
	lease identify the funding sounding Sounding Source	irce, amou	nt and p No		ram nam Amount		gram Name
r Jackson County Fur COMBAT		·	·		Amount	Pro	gram Name revention/Youth Dev
Jackson County Fur		Yes	No		Amount 38,000	Pro	evention/Youth Dev
Jackson County Fur COMBAT Mental Health Levy		Yes	No	\$	Amount 38,000	Pro Violence Pr	evention/Youth Dev
Jackson County Fur COMBAT Mental Health Levy	nding Source or Developmentally Disabled	Yes	No	\$ \$	Amount 38,000	Pro Violence Pr	evention/Youth Dev
Jackson County Fur COMBAT Mental Health Levy Board of Services fo	nding Source or Developmentally Disabled Board	Yes  ✓	No	\$ \$ \$	38,000 39,816 -	Pro Violence Pr Adult Menta	evention/Youth Dev
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E	nding Source or Developmentally Disabled Board Commission	Yes  ✓	No	\$ \$ \$ \$	38,000 39,816 - 12,000	Pro Violence Pr Adult Menta Housing As	revention/Youth Dev al Health
Jackson County Fur COMBAT Mental Health Levy Board of Services fo Domestic Violence E Housing Resources	nding Source or Developmentally Disabled Board Commission	Yes  V  V  V  V  V	No	\$ \$ \$ \$ \$	38,000 39,816 - 12,000 60,108	Pro Violence Pr Adult Menta Housing As Speech Ther	revention/Youth Dev al Health st/Case Mgmt
Jackson County Fur COMBAT Mental Health Levy Board of Services for Domestic Violence E Housing Resources Outside Agency Pro	or Developmentally Disabled Board Commission gram	Yes  V  I  I  I  I  I  O  O  O  O  O  O  O  O	No  D D D D D D D D D D D D D D D D D D	\$ \$ \$ \$ \$ \$	38,000 39,816 - 12,000 60,108 149,924	Proviolence Provi	revention/Youth Dev al Health st/Case Mgmt rapy, Psych/Food Asst
Jackson County Fur COMBAT Mental Health Levy Board of Services for Domestic Violence E Housing Resources Outside Agency Pro	or Developmentally Disabled Board Commission gram 2013 Total Jackso	Yes  V  I  I  I  I  I  O  O  O  O  O  O  O  O	No  D D D D D D D D D D D D D D D D D D	\$ \$ \$ \$ \$ \$	38,000 39,816 - 12,000 60,108 149,924	Pro Violence Pro Adult Menta Housing As Speech There	revention/Youth Dev al Health st/Case Mgmt rapy, Psych/Food Asst

# Section C: REVISED 2014 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

	E1				.83
**************************************	Personal Service				
For each salary request b	elow please attac		iption	or duties.	
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	to	nount of Salary be funded by ackson County	
Speech Therapist (16 hrs/wk)	31,816	95%		30,265	
			\$	_	-
2			\$		
			\$	-	1
			\$	-	
					1
Total Salaries			\$	30,265	
Total Fringe Benefits - FICA only			\$	2,315	
		onal Services	\$	32,580	
C	ontractual Serv	ices			
8			\$	~	
			\$	:-:	
			\$	. <del>**</del> *	
		Î	\$		
			\$	(#/	
- 3	Total Courtes	tual Camilana	\$		11/
		tual Services	\$		
, wi	Supplies				
			\$	*	59
#			\$	RECI	EIVED
		Œ	\$ e		
			\$ \$		6 2013
			Ψ \$	JACKSO AUDITOR	OUNTY SOFFICE MISSOURI
	T	otal Supplies	\$	KANSAS GI	Y MISSOURI
		L_L			

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

Agency Name:

Operation Breakthrough, Inc.

**Program Name:** 

**Speech Therapy** 

### **Proposed Program**

Detail functions to be performed by each program.

Operation Breakthrough's Speech Therapy program provides specialized on-site therapy to children who have been clinically diagnosed with speech and language delays or disorders, which can range from problems with word articulation to problems using and understanding language. Speech/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 enviornments 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 provied by our part-time certified speech therapist. Children receive two 30-minute one-on one sessions each week. Sessions incorporate games, songs, books and educational toys to enhance language development and reinforce proper speech and communication skills. Our speech therapist also conducts regular classroom sessions, along with workshops for classroom teachers that give practical suggestions on how to add language enhancement components to daily classroom activities. The speech therapist also meets individually with parents of children receiving therapy and periodically conducts workshops for parent groups. With a caseload of 50-60 children at any given time, over the past 12 months, OB's speech therapist treated 125 unduplicated children and conducted 56 new evaluations. Overall, she provided 206 evaluation sessions, 194 individual treatment sessions, 80 group sessions and 174 consultation sessions.

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JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI Section D

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

Agency Name:

Operation Breakthrough, Inc.

**Program Name:** 

Speech Therapy

	Participants Participants
Identify	the number of participants by County that each program serves.
Jackson, MO	40 - 60
Clay,Platte,	
Cass, MO	
Wyandotte,	.5
Johnson, KS	
Other	
Missouri	

**Target Population** 

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

The speech therapy program targets the children enrolled in Operation Breakthrough's early learning programs who have been clinically diagnosed with speech and/or language delays. The Early Learning program currently serves 312 children from 6 weeks to kindergarten; typically 20-25% require speech therapy to help catch up with their peers. Of Operation Breakthrough's total family population, 83% are African American, 5% are bi-racial and 1% are Hispanic. 88% of families are living below the federal poverty level, with 83% living on less than \$15,000 a year (including public assistance) and 59% living on less than \$10,000 a year (including public assistance). 97% of families are headed by single women. Currently, 23% of families (51 families, 99 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 27% (60 families, approximately 123 children) are on the verge of homelessness, just one more delayed rent payment or unpaid utility bill away from eviction. Nearly 30% of parents did not graduate from high school or earn a GED: only 3% are college graduates. 49% of parents are employed, but most work part-time in low-wage jobs as home health aides, housekeepers/janitors, or in fast food restaurants. Most do not qualify for health insurance or other benefits. Of the parents who are not employed, 21% are enrolled in educational or job training programs, 5% are disabled, and 24% are unemployed for other reasons, often due to mental health and/or substance abuse problems.

Would you provide these services to anyone at your door? No, children must be enrolled.

Is anyone denied services? All enrolled children are eligible for services.

What level of indigents (below poverty level) do you serve? 88%

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

Senior Program

Indigent Program (Below Poverty Level)

88 %

Senior Indigent Program

0/

What criteria do you have for the clients 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; however, OB cares for approximately 145 homeless of unsubsidized children each month at no charge and without reimbursement. Those who do not qualify for childcare on their assistance are usually a few dollars 'over income,' but have insufficient income to pay for childcare on their own.

AUDITORS OFFICE KANSAS CITY, MISSOUS

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

Agency Name:

Operation Breakthrough, Inc.

**Program Name:** 

**Speech Therapy** 

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Over half of the families served by Operation Breakthrough live within the seven zipcodes immediately surrounding our facility at 31st & Troost. The highest concentrations are in zip codes 64109, 64130, 64128 and 64127, with fewer residing in zip codes 64108, 64111, 64110 and outlying areas.

### **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 reenrollment (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.

### **Approach & Method**

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

- Provide early intervention to detect and correct speech and language disorders to overcome developmental delays to ensure children are ready for kindergarten.
- Educate parents, caregivers, and teachers on how to stimulate children's language learning.

3.

Detail specific methods you will use to achieve these objectives.

All children enrolled in Operation Breakthrough's early learning program are assessed in 7 domains of learning (including language development) twice each year. Those scoring in the 'concern' range are referred to the Speech Therapist for further evaluation. The therapist uses a clinical evaluation tool to validate the assessment result and develop a treatment plan as indicated. Those in treatment receive individual and/or group therapy in two 30-minute sessions each week until the problem has been remediated. Parents, preschool teachers and community volunteers are also trained in ways to enhance language development in activities outside the classroom setting and at home. Following treatment, classroom staff use ongoing assessment to monitor each child's progress.

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JACKSON COUNTY AUDITORS OFFICE KANSAS CERMANAGOURI

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

Agency Name:

Operation Breakthrough, Inc.

**Program Name:** 

Speech Therapy

#### **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. The Speech Therapist develops a written treatment plan for each child receiving therapy. Every 3 months, new data is gather to measure progress toward treatment goals; depending on the child's progress/lack of progress), treatment goals may be modified or new ones established. Classroom teachers incorporate treatment goals in lesson plans and continue to monitor children in the classroom setting. Periodically, teachers are observed in the classroom to evaluate their use of language stimulation methods and practicies. In addition, parents are interviewed before and after language development workshops to see how well they have understood the language stimulation techniques presented and how likely they are to practice them 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)

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 11,000 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 SpeechTherapy clinic.

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AUG 27 2013

JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI

Section D

#### Exhibit B

#### **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**, (Organization name) 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**, 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.)

Suran Stanton	SUSAN STANTON
Authorized Representative's Signature	Printed Name
Title	Date
Subscribed and sworn before me this	n the County of <u>Plate</u> , State of
Signature of Notary	
JENNIFER L. DIAZ NOTARY PUBLIC-NOTARY SEAL	

NOTARY PUBLIC-NOTARY SEAL STATE OF MISSOURI PLATTE COUNTY MY COMMISSION EXPIRES 6/27/2015 COMMISSION # 11206702