# **COOPERATIVE AGREEMENT**

THIS AGREEMENT, made by and between JACKSON COUNTY, MISSOURI, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, MID-AMERICA REGIONAL COUNCIL, 600 BROADWAY, SUITE 200, KANSAS CITY, MO 64105, hereinafter referred to as "MARC".

WHEREAS, the County deems it to be in the best interest of its citizenry to support services to low-income individuals and families as provided by MARC and other agencies, under subcontracts with MARC; and,

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

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

1. <u>Services</u>. MARC shall provide services, including emergency assistance to low-income families of Jackson County, and is expressly authorized to enter into a subcontract with the Redemptorist Social Services Center, to provide these services, as are more fully set out in the document attached hereto, as Exhibit A, upon such terms and conditions as MARC shall deem appropriate, provided that said subcontractor shall provide that the County's funds shall be used by the Redemptorist Social Services Center solely to provide services to low-income families of Jackson County. Redemptorist Social Services Center's signature on this Agreement indicates its acceptance of the provisions contained herein.

The budget Redemptorist Social Services Center submitted as part of Exhibit A is considered final and non-changeable. If Redemptorist Social Services Center encounters unforeseen circumstances that require a change to its budget, Redemptorist Social Services Center shall submit a written request to the Jackson County Legislative Auditor's Office no later than October 28, 2016. Any changes to the budget must be approved by the Jackson County Legislature.

- 2. <u>Terms Of Payment</u>. Upon the execution of this Agreement, the County shall pay to MARC the lump sum of \$40,000.00 for low-income families. 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 MARC any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.
- 3. Reports/Other Documentation. Within 30 days after the conclusion of each calendar quarter under this Agreement, MARC's subcontracting agency, Redemptorist Social Services Center, shall submit a quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The report for the first quarter shall be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of Redemptorist Social Services Center's activities pursuant to this Agreement. Redemptorist Social Services Center's failure to submit this annual report shall disqualify Redemptorist Social Services from

future funding by the County.

MARC and Redemptorist Social Services must notify the County in writing on the 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
- Submission Of Documents. No payment shall be made under this 4. Agreement unless Redemptorist Social Services Center 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) Redemptorist Social Services Center's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Redemptorist Social Services Center'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 Redemptorist Social Services Center has previously received funding from the County, to be eligible for future payments, Redemptorist Social Services Center must submit either an audited financial statement for Redemptorist Social Services Center's mostrecent fiscal or calendar year, or a certified public accountant's program audit of the County's funds. 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 Redemptorist Social

Services Center is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Redemptorist Social Services Center and assessed by the County.

- 5. **Equal Opportunity**. MARC and Redemptorist Social Services Center shall maintain policies of employment as follows:
  - A. MARC and Redemptorist Social Services Center shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. MARC and Redemptorist Social Services Center shall take affirmative action as set forth to ensure that applicants for employment 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. MARC and Redemptorist Social Services Center agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.
  - B. MARC and Redemptorist Social Services Center 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, MARC and Redemptorist Social Services assures that they do 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, their enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, MARC shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it and Redemptorist Social Services do not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

- 7. Audit. The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of MARC and Redemptorist Social Services Center pertaining to their finances and operations as they relate to the use of County funds. Further, MARC and Redemptorist Social Services Center agree to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.
- 8. <u>Default</u>. If MARC or Redemptorist Social Services Center default in the performance or observation of any covenant, term or condition herein contained to be performed by MARC or Redemptorist Social Services Center, the County shall give MARC and Redemptorist Social Services Center ten days' written notice, setting forth the default. If said default shall continue and not be corrected by MARC and/or Redemptorist Social Services Center 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 MARC. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. Appropriation Of Funds. MARC, Redemptorist Social Services Center, and the County recognize that the County intends to satisfy its financial obligation to MARC 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 MARC and Redemptorist Social Services Center 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>. MARC and Redemptorist Social Services Center

warrant 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. <u>Severability</u>. If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.
- 12. <u>Indemnification</u>. MARC and Redemptorist Social Services Center 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 MARC or Redemptorist Social Services Center during the performance of this Agreement.
- 13. <u>Insurance</u>. MARC and Redemptorist Social Services Center shall maintain the following insurance coverage during the term of this Agreement.
- A. MARC and Redemptorist Social Services Center 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. MARC and Redemptorist Social Services Center 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. MARC and Redemptorist Social Services Center agree 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. <u>Term</u>. The term of this Agreement shall commence January 1, 2016, and shall continue until December 31, 2016, 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 MARC and Redemptorist Social Services Center 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, MARC, or Redemptorist Social Services Center 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 MARC and Redemptorist Social Services Center to the County within ten (10) days of the termination of this Agreement.

- 16. <u>Standard Of Care</u>. MARC and Redemptorist Social Services Center 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>. Redemptorist Social Services Center shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative

Q. Troy Thomas 415 E. 12<sup>th</sup> Street, Suite 100 Kansas City, MO 64106 Redemptorist Social Services Community Centers, Inc. Diana Kennedy 207 West Linwood Kansas City, MO 64111 (816) 931-9942

- 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. MARC and Redemptorist Social Services Center shall file quarterly compliance reports as required by the County Compliance Review Office. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.
  - 19. Remedies For Breach. MARC and Redemptorist Social Services Center

agree to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and MARC's and Redemptorist Social Services Center's failure to do so constitute a breach of this Agreement. In such event, MARC and Redemptorist Social Services consent and agree as follows:

- A. The County may, without prior notice to MARC or Redemptorist Social Services Center, immediately terminate this Agreement; and
- B. The County shall be entitled to collect from MARC all payments made by the County to MARC for which MARC or Redemptorist Social Services Center have not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.
- 20. <u>Transfer And Assignment</u>. MARC and Redemptorist Social Services Center 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 MARC or Redemptorist Social Services Center are merged or purchased by another entity, the County reserves the right to terminate this Agreement. MARC and Redemptorist Social Services Center shall immediately notify the county in the event it is merged or purchases by any other entity.
- 22. <u>Confidentiality</u>. MARC's and Redemptorist Social Services Center'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 County and MARC have executed this Agreement this \_\_\_\_\_\_\_\_\_, 2016.

W. Stephen Nixon

APPROVED AS TO FORM:

W. Stephen Nixon County Counselor

ATTEST:

Mary Jo Spino
Clerk of the Legislature

JACKSON COUNTY, MISSOURI

Frank White, Jr.
County Executive

MID-AMERICA REGIONAL COUNCIL

Title Executive Director
Federal Tax I.D. 43-0976432

REDEMPTORIST SOCIAL SERVICES CENTER

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# **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 \$40,000.00, which is hereby authorized.

Chief Financial Officer

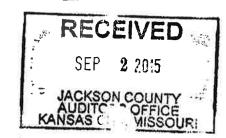
Account No. 002-7902-56789



# 2016 OUTSIDE AGENCY FUNDING REQUEST

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

# **Exhibit A**



**New Agency Request** 

Section B and Section C must be filled out for each program you are requesting funding for Section A:  Section B: Agency Revenue Information  Section B: Program Budget Request  Section C: Program Information  Total # of Programs Requesting Funding For:					Previou	sly Funded	[A]
Address: City: State: Zip Code:  207 West Linwood Kansas City MO 64111  Phone No: Website:  (816) 931-9942 www.kcsocialservices.org  Federal Tax ID No: Fiscal Year:  260054325 01/01/15 12/31/15  Executive Director/President: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Principal Contact: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Please complete the following sections for your 2016 Outside Agency Proposal. Section B and Section C must be filled out for each program you are requesting funding for Section A: Agency Revenue Information  Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For: 1	Name:						
207 West Linwood Kansas City MO 64111  Phone No: Website: (816) 931-9942 www.kcsocialservices.org  Federal Tax ID No: Fiscal Year: 260054325 01/01/15 12/31/15  Executive Director/President: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Principal Contact: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Please complete the following sections for your 2016 Outside Agency Proposal. Section B and Section C must be filled out for each program you are requesting funding for Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For: 1	Redemptorist Se	ocial Services Cen	ter				
Phone No: Website:  (816) 931-9942 www.kcsocialservices.org  Federal Tax ID No: Fiscal Year:  260054325 01/01/15 to 12/31/15  Executive Director/President: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Principal Contact: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Please complete the following sections for your 2016 Outside Agency Proposal. Section B and Section C must be filled out for each program you are requesting funding for Section A: Agency Revenue Information  Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For: 1	Address:	City:			State:	Zip Cod	e:
(816) 931-9942 www.kcsocialservices.org  Federal Tax ID No: Fiscal Year: 260054325 01/01/15 12/31/15  Executive Director/President: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Principal Contact: Phone No. Email:  Diana Kennedy (816) 931-9942 diana@kcsocialservices.org  Please complete the following sections for your 2016 Outside Agency Proposal. Section B and Section C must be filled out for each program you are requesting funding for Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For: 1	207 West Linwo	od Kansas	City	N	МО	64111	ū.
Federal Tax ID No:  260054325  01/01/15  Executive Director/President:  Phone No.  Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degrees   Principal Contact:  Phone No.  Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degrees   Phone No.  Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degrees   Please complete the following sections for your 2016 Outside Agency Proposal.  Section B and Section C must be filled out for each program you are requesting funding for Section B:  Section A:  Agency Revenue Information  Section C:  Program Budget Request  Section C:  Program Information  Total # of Programs Requesting Funding For:  1	Phone No:		Website:				
260054325  Executive Director/President:  Phone No.  Principal Contact:  Phone No.  Principal Contact:  Phone No.  Principal Contact:  Phone No.  Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degrate di	(816) 931-9942	www.kc	socialservices.	.org			
Executive Director/President:  Phone No. Email:  Diana Kennedy  Principal Contact:  Phone No. Email:  Phone No. Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degrees.d	Federal Tax ID No:	:	Fiscal Year				
Diana Kennedy  Principal Contact:  Phone No.  Email:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.degree diana@kcsoci	260054325		0	1/01/	15 to	12/31/1	5
Principal Contact:  Diana Kennedy  (816) 931-9942 diana@kcsocialservices.complete the following sections for your 2016 Outside Agency Proposal.  Section B and Section C must be filled out for each program you are requesting funding for Section A:  Section B:  Program Budget Request  Section C:  Program Information  Total # of Programs Requesting Funding For:	Executive Director/President: Phone No.				Email:		
Please complete the following sections for your 2016 Outside Agency Proposal.  Section B and Section C must be filled out for each program you are requesting funding for Section A:  Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For:	Diana Kenr	nedy	(816) 931-9	942	diana@	kcsocialserv	rices.org
Please complete the following sections for your 2016 Outside Agency Proposal.  Section B and Section C must be filled out for each program you are requesting funding for Section A:  Section B: Agency Revenue Information  Section B: Program Budget Request  Section C: Program Information  Total # of Programs Requesting Funding For:	Principal Contact:	-	Phone No.		Email:		
Section B and Section C must be filled out for each program you are requesting funding for Section A:  Section B: Agency Revenue Information Section B: Program Budget Request Section C: Program Information  Total # of Programs Requesting Funding For:	Diana Kenr	nedy	(816) 931-9	9942	diana@	)kcsocialserv	rices.org
Total # of Programs Requesting Funding For:	Section B and Section C must be filled out for each program you are requesting funding for.  Section A: Agency Revenue Information  Section B: Program Budget Request						
Total # of Programs Requesting Funding For:  1 Total Amount Requested: \$45,000	Section C:	Program Information	n				
Total Amount Requested: \$45,000	Total # of Programs	s Requesting Funding	For:		1		
	Total Amount Requested:			\$ 4	5,000		



**Funding Entity** 

Jackson County

Federal

State

2015 **Actual** 

\$ 17,000

\$ 30,000

**Projected** 

\$ 20,000

\$ 45,000

	l .		l l			- 1
City of Kansas City	*;			-	-	.
Charity/Donations	XeX		\$ 107,000	-	\$ 108,000 _	.
Fundraisers			\$ 105,000	-	\$ 106,000	.
Other	grants, interest, tenant, ATA	A, In-kind	\$ 735,000	-	\$ 718,000	
			\$ 994,000	-	\$ 997,000 -	
Please check if your ag		es [	<b>✓</b>			
Please check all Jacks	on County sources yo	ur agency recei	ved funding from	in 201	5:	
Board of Services for D	evelopmentally Disab	iled			12	
COMBAT		ļ				
Domestic Violence Boa	rd	ļ				
Housing Resources Co	mmission	Į				
Mental Health Levy						
Outside Agency		[	<b>√</b>			
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Mid America Regional (	Council L	╡ ;	7 7	i	\$ 30,000	•
MAAC Link		≓ i		7		-
United Way	L	╡	╡ 片	7	\$ 32,000	-
Other:		'		_		-

**Source Description** 

# Section B 2016 Program Budget Request

JAN 0 4 2016  JACKSON COUNTY AUDITORS OFFICE		relication of
JACKSON COUNTY AUDITORS OFFICE	l	JAN <b>0 4</b> 2016
		JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI

		Program Requ	AS CUTY, MISSON
Agency Name:	Program:	New Program	Request O
Redemptorist Social Services Center	Emergency Client Assistance		
		Previously Fu	nded 💽
	Salaries		
attach job	description or duties for NEW Program re	equests only	
			Check Box if 100% Funded by
Pos	sition / Title	Amount	Jackson County
Execu	utive Director	\$ 2,250	
Asst. Director	r/Case Management	\$ 2,250	
Ad	min. Asst.	\$ 1,000	
Food Par	ntry Coordinator	\$ 500	
	Fringe Benefits		
*	Total Salaries & Fringe Benefits	\$ 6,000	
	Contractual Services & Supplies	S	
			Check Box if
58 Dr	escription	Amount	100% Funded by Jackson County
	MAAC	Allount	
	nt Services	\$ 34,000	
	ent shelter	<b>40.1000</b>	
	ent utilities		
	nt medical		
	ation; work related		
	unted bus transportation		
			$\overline{}$
&			
	•		
	Total Contractual Services & Supplies	\$ 34,000	
То	tal 2016 Program Budget Request	\$ 40,000	
	Total Program Cost	¢ 927 E40	

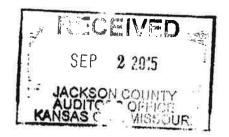
Total cost to run your program regardless of the Jackson County funding you are requesting.

Estimate of Cost Per Particpant

\$ 168

**Agency Name:** 

Redemptorist Social Services Center



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Program:

**Emergency Client Assistance** 

# **Proposed Program**

Detail functions to be performed.

Case management is the operational format for the Center's work with clients, focusing on the entire family whenever possible. People in need come to the Center seeking help for their immediate crisis, but there is seldom only one issue to address. During the client interview process other needs are revealed such as job loss, chronic illness, etc., that contributed to the client's visit and must be addressed so that the client can achieve success and stability.

- We work with each client to address the immediate crisis
- Underlying needs contributing to the initial visit are accessed
- Client resources are reviewed
- Achievable, measurable goals (short and long term) are determined
   Why is this a priority for your agency?

Many of the Center's clients are the "working poor" who live so close to the edge of poverty that a minor obstacle such as a car breakdown can lead to a downward financial spiral that's impossible to reverse. They work at minimum wage in service related, temporary and day labor jobs that are the first to suffer in an uncertain economy. They are trapped in a cycle of dead-end jobs without benefits or opportunities for advancement and struggle every day to simply survive. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families...shelter, utilities and food. The Center's Emergency Client Assistance is the first line of defense for individuals facing chronic poverty; the elderly; the homebound; the homeless; the working poor; the newly and Check if this program is sustainable without Jackson County's funding.

# **Target Population**

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

Redemptorist Center serves 31 of the 58 Kansas City, MO. zip codes. Five of these zip codes are in the Midtown area with an estimated population of 64,000 individuals. The Center's service area includes the top 11 zip codes with the highest rates of poverty as reported by United Way's 2-1-1 Informational & Referral line for individuals in need. Medical assistance is

What criteria do you have for the participants you serve?

Information required for the client interview process: Utility assistance:

- 2 pieces of ld for client and all household members
- Proof of current or recent income (current check stub, award letter, etc.)

# **Service Delivery Area**

Identify the number of participants that this program serves.

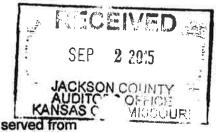
# served from

Total # served

Jackson County

4,925

4,850



# served from Other Areas

**75** 

Identify your specific service delivery area by zip code Zip Code Geographical Boundary	or ge	ographical boun	dary.	
Medical assistance is availa	able to	all residents of	)	_
Check if this is a Countywide Program  If not, What is the Jackson County Legislative District?	_1	st At-Large	1st District	
Check if you keep a list of participants for this program	1	<b>7</b>		
Please classify your program from the following types	of ser	vices:		
Community Improvement/Outreach				
Food/Emergency Services	$\checkmark$			
Health/Wellness	$\checkmark$			
Indigent Population				
Senior Services	<b>V</b>			
Youth Services				
Other:				
Check if your services are available to anyone.				

# **Outcomes**

		KANSAS OFFICE
List up to	5 outcomes related to this program.	Please check if the outcome is measurable.
1. Number	of households sustaining housing for a minimum of 60 days	$\overline{\checkmark}$
2. Number	of households sustaining utility service for a minimum of 60 days	s 🗸
3. Number medication	of households receiving assistance to purchase prescription one and/or medical supplies	
4. # of hou	useholds receiving ATA public transportation assistance	$\checkmark$
5. Number o	of households receiving food/clothing/housewares	$\overline{\checkmark}$
	e	
the require	Summary cation will not be considered complete without answerents listed below to complete the funding request	process.
Please Ch	eck the box acknowledging you understand your org	anization's responsibility to the following.
<b></b>	Reviewed the Non-Allowable Expenses	
<b>7</b>	Reviewed Executive Order 04-18 to deem your ag approved.	ency in compliance if funding is awarded and
$\checkmark$	Include the Jackson County Logo and credit Jacks Auditor's Office with copies.	son County in marketing efforts and provide the
· Your orgai	nization will submit the following with the Outside Ag	ency Proposal:
	Certificate of Liability Insurance valued at a minimanual aggregate	um of \$1 million per occurance or \$2 million
$\checkmark$	Missouri Secretary of State Certificate of Good Sta	anding
✓	Missouri Secretary of State Annual Registration R	eport

YAVIE

Diana Kennedy

09/02/2015

Signature: Date Submitted:

#### Detail Functions to be performed:

Case management is the operational format for the Center's work with clients, focusing on the entire family whenever possible. People in need come to the Center seeking help for their immediate crisis, but there is seldom only one issue to address. During the client interview process other needs are revealed such as job loss, chronic illness, etc., that contributed to the client's visit and must be addressed so that the client can achieve success and stability.

- We work with each client to address the immediate crisis
- Underlying needs contributing to the initial visit are accessed
- Client resources are reviewed
- Achievable, measurable goals (short and long term) are determined
- A budget and plan of action are established and monitored
- Follow-up visits are scheduled as needed

A key part of attaining projected outcomes is client participation. Whenever possible, each client must participate in payments and in an ongoing budget. This process gives individuals a sense of ownership and pride in achieving and maintaining stability for themselves and their families.

Client information and all received grant funding are entered into the MAAC (Mid America Assistance Coalition) Link System enabling us to track all services and expenditures.

#### Why is this a priority for your Agency?

Many of the Center's clients are the "working poor" who live so close to the edge of poverty that a minor obstacle such as a car breakdown can lead to a downward financial spiral that's impossible to reverse. They work at minimum wage in service related, temporary and day labor jobs that are the first to suffer in an uncertain economy. They are trapped in a cycle of dead-end jobs without benefits or opportunities for advancement and struggle every day to simply survive. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families...shelter, utilities and food.

The Center's Emergency Client Assistance is the first line of defense for individuals facing chronic poverty; the elderly; the homebound; the homeless; the working poor; the newly and long term unemployed. It provides over 1,900 direct client assists each month with shelter, utility and medical payments; food, clothing and transportation; education and work related needs. The program is structured to help individuals help themselves by giving them opportunities to succeed in stabilizing their lives. This program provides individuals in crisis with a safety net and the peace of mind knowing they can stay in their home with the utilities on and food on the table. Their basic needs have been met and major obstacles have been removed. They can now focus on their search for employment.

- The Center is the only agency providing multiple assists to 31 Jackson County zip codes from a single site. This significant service means clients can receive help during one visit to a single agency.
- The Center is the 2nd most referred agency used by United Way's 2-1-1 emergency number for individuals in need.
- The Center provides assistance for 8 of the top 10 most requested needs
- Legal: only agency partnering with a group of attorneys who provide free legal counsel to all clients of the Center.
- Senior Services: only agency providing Saturday meal delivery to the homebound, minor home repairs, free legal assistance and emergency assistance.
- Food: only agency providing bi-monthly assistance that includes fresh produce and meat/poultry. This is vital with so many individuals unemployed and children not getting the free meal program when schools are closed for the summer and holidays.
- Transportation: The only agency providing both one-ride bus tokens at half price and reduced fare monthly passes enabling low income individuals to find and/or retain employment; access medical services, attend school, etc.

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

Redemptorist Center serves 31 of the 58 Kansas City, MO. zip codes. Five of these zip codes are in the Midtown area with an estimated population of 64,000 individuals. The Center's service area includes the top 11 zip codes with the highest rates of poverty as reported by United Way's 2-1-1 Informational & Referral line for individuals in need. Medical assistance is available to all residents of Jackson and Wyandotte Counties; Victims of Crime assistance is available to all residents of Jackson County. Our service area includes a large population of the elderly and the homeless, and the highest concentration of HIV positive residents and the mentally ill; 95% of our clients live below the poverty level and over 55% live on a fixed income. Their average annual income of \$3,000 to \$9,600 is immediately consumed with the basic needs of survival for themselves and their families...shelter, utilities and food. The programs and services offered by the Center are available to all persons in our service area regardless of race, ethnicity, age or gender, underserved or underinsured.

What criteria do you have for the participants you serve?

Information required for the client interview process:

Utility assistance:

- 2 pieces of Id for client and all household members
- Proof of current or recent income (current check stub, award letter, etc.)
- A final or disconnect notice from the utility company in the client's name and dated in the last 30 days

• Client must have made payments on the bill

Shelter (rent) assistance:

- 2 pieces of Id for client and all household members
- Proof of current or recent income (current check stub, award letter, etc.)

On the landlord's letterhead:

Client name, address, amount of monthly rent; pay history for past 60 days

• Past due amount & Who is responsible for utilities

Medical assistance:

- 2 pieces of Id for client and all household members
- Proof of current or recent income (current check stub, award letter, etc.)

On the provider's letterhead:

Client name and address; Invoice stating services and costs

Food/Clothing/Housewares:

- 2 pieces of Id for client and all household members
- Proof of current or recent income (current check stub, award letter, etc.)

Transportation (ATA discounted tokens and monthly passes:

• Photo identification; Postmarked proof of address

## **Geographic Boundaries:**

Medical assistance is available to all residents of Jackson County, MO.; Victims of Crime assistance is available to all residents of Jackson County. MO. The Center's service area of zip codes includes: 64105-64106-64108-64109-64110-64111-64112-64113-64114-64120-64123-64124-64127-64128-64129-64130-64131-64132-64133-64134-64136-64138-64050-64051-64052-64063-64054-64055-64056-64057-64058.

### **WORK AUTHORIZATION AFFIDAVIT**

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **Mid-America Regional Council**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Mid-America Regional Council**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575,040, RSMo.)

On Sta Pope	DorothPole
Authorized Representative's Signature	Printed Name
Director of Financial Affairs	5-3-16
Title	Date
Subscribed and sworn before me this 3 rd commissioned as a notary public within the mission expension of the commission	day of <u>May</u> , 2016. I and the County of <u>Jack Son</u> , State of pires on <u>March 22, 2019</u> .
Signature of Notary	<u> 5⋅3−/6</u> Date

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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  Director  Title	Printed Name  Date
Subscribed and sworn before me this 10 day commissioned as a notary public within the Commission expires of an and my commission expires of the comm	ounty of Jackson, State of
Mals D. Johnson Signature of Notary	5-10-16 Date
	20110

NOTARY SEAL OF MIS MARK D. JOHNSON
My Commission Expires
March 22, 2019
Jackson County
Commission #15399198