

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, **SALVATION ARMY - CROSSROADS 14700 EAST TRUMAN ROAD INDEPENDENCE, MO 64050**, hereinafter referred to as "Contractor".

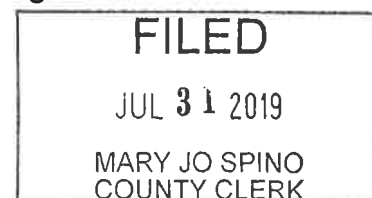
WHEREAS, on June 4, 1991, the voters of Jackson County authorized the County Legislature to impose a \$3.00 user fee on all instruments recorded with the County's Department of Records, the proceeds of which fee is to be used to provide funds for assistance to homeless persons; and,

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;

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

1. **SERVICES**. 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 term of this contract is January 1, 2019, through December 31, 2019, and as such, all expenditures must occur within this period. 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, 2019. 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, 2019, June 30, 2019, September 30, 2019, and December 31, 2019, 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.

3. REPORTS/OTHER DOCUMENTATION. Under this Agreement, 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. 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. **SUBMISSION OF DOCUMENTS.** 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, 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 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. **CONFLICT OF INTEREST**. 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. **INDEMNIFICATION.** 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. **TERM.** The term of this Agreement shall be effective as of January 1, 2019, and shall continue until December 31, 2019, 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
Department of Finance & Purchasing
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Salvation Army - Crossroads
Catherine Asher
14700 East Truman Road
Independence, MO 64050
(816) 461-1093

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. **INFORMATIONAL REPORTING.** 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. **SURPLUS FUNDS.** 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. **DISCONTINUANCE OF PROGRAM.** 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. **COMPLIANCE WITH RFP.** 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. 92-17. 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. 92-17, the provision of this Agreement shall govern.

29. **INCORPORATION**. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and Contractor have executed this Agreement this 31st day of July, 2019.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


County Counselor

By 
Frank White, Jr.
County Executive

ATTEST:

SALVATION ARMY


Mary Jo Spino
Clerk of the Legislature

By 
Bramwell E. Higgins
Secretary
Title _____

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.

7/30/19
Date


Chief Administrative Officer
Account No.043-7001-56789



2019 HOUSING RESOURCES COMMISSION FUNDING REQUEST

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

Total Amount Requested: **\$ 10,000** New Agency Request ☐
Previously Funded ☒

| | | | |
|---|---|--|--------------|
| Name: | | | |
| The Salvation Army Crossroads Family Shelter | | | |
| Address: | City: | State: | Zip Code: |
| 14700 East Truman Rd | Independence | Mo | 64050 |
| Phone No: | Website: | | |
| (816) 461-1093 | http://salarmymokan.org/locations/Independence/ | | |
| Federal Tax ID No: | | Fiscal Year Cycle: | |
| 44-0545998 | | Oct - Sept | |
| Executive Director/President: | Phone No. | Email: | |
| Major David Harvey | (816) 756-1455 | KANDC@usc.salvationarmy.org | |
| Principal Contact: | Phone No. | Email: | |
| Catherine Asher | (816) 461-1093 | catherine_asher@usc.salvationarmy.org | |

Please classify your programs primary function from the following types of services:

- | | |
|---|---|
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Emergency Assistance |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Emergency Shelter |
| <input checked="" type="checkbox"/> Bednights | <input type="checkbox"/> Other |



Section A Agency Revenue Information

Agency Name: The Salvation Army

Program: Crossroads Family Shelter

| Funding Entity | Source Description | 2018 Actual | 2019 Projected |
|---------------------|--|----------------|-------------------|
| Federal | FEMA | \$ 13,481 | \$ 13,481 |
| State | ESG, CDBG, CACFP | \$ 83,063 | \$ 72,000 |
| Jackson County | Resource Commission Grant | \$ 10,000 | \$ 10,000 |
| City of Kansas City | | | |
| Charity/Donations | Unrestricted Donations/United Way Donor Designated, United Way | \$ 63,796 | \$ 63,796 |
| Fundraisers | Doing the Most Good Dinner | \$ 6,000 | \$ 12,000 |
| Other | Truman Heartland Foundation, Gifts in Kind, The Salvation Army | \$ 467,046 | \$ 472,046 |
| | | \$ 643,386 | \$ 643,323 |

Does your agency have cash reserves? ☐ Yes ☒ No

If so, what is the current balance? _____

Please check all Jackson County sources your agency received funding from in 2018:

- | | |
|---|--|
| <input type="checkbox"/> Board of Services for Developmentally Disabled | <input checked="" type="checkbox"/> Housing Resources Commission |
| <input type="checkbox"/> COMBAT | <input type="checkbox"/> Mental Health Levy |
| <input type="checkbox"/> Domestic Violence Board | <input type="checkbox"/> Outside Agency |

List partnerships with other Jackson County homeless services agencies:

| |
|--|
| <small>City Union Mission, Re-Start, Hillcrest Ministries, Hope House, Re-Discover, Community Services League, Rivers of Refuge, Hope Faith Ministries, Community Linc, Comprehensive Mental Health, and Swope Health Dental</small> |
|--|



Section B
2019 Program Budget Request

Agency Name: The Salvation Army

Program: Crossroads Family Shelter

| Direct Expenses | | Max Allowed by JaCo | Amount Requested | | | | | Check If Used with Matching Funds |
|-----------------------------------|---|------------------------|--------------------------|--|--|----------|---------|--------------------------------------|
| Shelter Assistance | \$50 Per Night Per Client \$300 Per Year Per Client \$100 Per Night Per Family \$500 Per Year Per Family | | \$ 10,000 | Total # Clients Your Program Serves | # Clients Served with JaCo Funds | # Nights | | |
| Bed Nights | | | | 280 | 100 | x 100 | = 10000 | <input checked="" type="checkbox"/> |
| Transitional Housing | | | | | | x | = 0 | <input type="checkbox"/> |
| Emergency Shelter | | | | | | x | = 0 | <input type="checkbox"/> |
| Client Mortgage | | | Once Per Year Per Client | | | | | |
| Client Rent | | | Once Per Year Per Client | | | | | |
| Client Utilities | | | \$300 Per Client | | | | | |
| | | | \$50 Per Client | | | | | |
| Client Transportation | | | \$100 Per Family | | | | | |
| | | | \$50 Per Client | | | | | |
| Food | | | \$100 Per Family | | | | | |
| | | | \$50 Per Client | | | | | |
| Clothing | | | \$100 Per Family | | | | | |
| Other: Please Detail Below | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Direct Expenses | | | \$ 10,000 | | | | | |
| Indirect Expenses | | | | | | | | |
| Salaries | | | | | | | | |
| Case Manager | | | | | | | | |
| Fringe Benefits | | | | | | | | |
| Other: Please Detail Below | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Indirect Expenses | | | \$ 0 | | | | | |
| Total Request for Funding | | | \$ 10,000 | | | | | |

| | |
|---|------------|
| Total Program Cost | |
| Total program cost regardless of | \$ 706,378 |
| Jackson County Funding you are requesting . . . | |
| Estimate of Cost Per Participant | \$ 2,523 |



Section C 2019 Program Information

Agency Name: The Salvation Army

Program: Crossroads Family Shelter

Primary Program Type

Assistance Type

Is this program sustainable without Jackson County's funding.

☒ YES

☐ NO

Detail the main objective of the program.

The Salvation Army Crossroads Family Emergency Shelter, a fifty-four bed shelter, provides basic needs of food and emergency shelter to homeless families with minor children 24 hours per day, 365 days per year. Supportive services and life skills classes are provided and include: budgeting, substance abuse education/support, on site GED classes, parenting skills, women's support groups, and tenancy skills. Participants receive transportation assistance, laundry access, computer/internet services, school/work clothing, medication/dental services through Swope Park Health Care, and financial or material assistance as funding is available. Referrals for mental health services are provided to Truman Behavioral and Comprehensive Mental Health. Permanent housing and financial goals are a priority as participants must be able to exit into permanent housing within 60 days. The case manager meets with each adult resident once a week at a minimum. The case manager helps participants establish a housing stability plan to address housing and financial goals to reduce risk factors associated with returning to homelessness following program exit. The case manager networks with other agencies to locate suitable permanent housing at exit through collaboration housing programs and area landlords.

How does your program measure success? Over what period of time?

Program head of households meet with the case manager upon enrollment to develop a strength-based housing stability plan and goals. Weekly meetings are scheduled to determine progress on goals and to provide additional assistance in securing permanent housing and financial resources. The case manager documents results of goals set which are maintained in the case record. Attendance in life skills classes are tracked by class rosters and client daily contact sheets. Monthly statistics are maintained for the number of individuals assessed, admitted into shelter, and receiving bed nights of shelter. At year end, statistical data is evaluated to determine outputs, outcomes, impact of services provided, and unmet needs. Success in the program is determined by participants meeting their goals as well as the number of participants who move into safe, stable, and permanent housing and by either increasing or maintaining sufficient income to sustain self-sufficiency. It is the goal of Crossroads to reduce the rate of homeless recidivism. This is accomplished by continuing to provide follow-up services to those whom have exited the program at six weeks and again at three months. Referrals are provided as needed to ensure permanent housing stability.

Agency Name: The Salvation Army

Target Population

Program: Crossroads Family Shelter

Describe target population and demographics to be served.

Crossroads serves homeless families with minor children regardless of age, race, gender, ethnicity, national origin, religion, gender identity, sexual orientation, marital status, or household composition.

Are your services available to anyone? ☐ Yes ☒ No

If not, please check criteria used for the participants you serve and explain below.

☐ Age ☐ Veterans ☐ Income ☐ Substance Abuse
☐ Gender ☐ Geographic location ☒ Family Status ☐ Other

Explain: Crossroads Family Shelter does not provide shelter services to those who are listed on the Sexual Offender list in order to provide safe emergency shelter to families with children.

Service Delivery Area

Identify your specific service delivery area by zip code or geographical boundary.

Crossroads provides services to homeless families primarily from Jackson County, MO.

Yes No

Is your agency a member of MAAC Link? ☒ ☐

Do you participate in Full Continuum of Care? ☒ ☐

Do you keep a list of participants for this program? ☒ ☐

Identify the number of clients this program serves.

Total # served

280

served from Jackson County

250

served from Other Areas

30

Are these Clients: ☐ Duplicated ☒ Unduplicated

Agency Name: The Salvation Army

Program: Crossroads Family Shelter

Outcomes

List up to 5 outcomes related to this program.

Please check if the outcome is measurable.

- | | |
|---|-------------------------------------|
| 1. Receive immediate relief from homelessness/hunger | <input checked="" type="checkbox"/> |
| 2. Increase knowledge by attending life skills groups | <input checked="" type="checkbox"/> |
| 3. Increase housing stability from resources/referrals | <input checked="" type="checkbox"/> |
| 4. Sustain or increase income stability to obtain housing | <input checked="" type="checkbox"/> |
| 5. | <input type="checkbox"/> |

Summary

Your application will not be considered complete without answering all questions. All applicants must fulfill the requirements listed below to complete the funding request process.

Please check the box acknowledging you understand your organization's responsibility to the following.

- ☒ Reviewed the Non-Allowable Expenses
- ☒ Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved.
- ☒ Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the HRC Office with copies.

Your organization will submit the following with the HRC Proposal:

- ☒ Certificate of Liability Insurance valued at a minimum of \$1 million per occurrence or \$2 million annual aggregate
- ☒ Missouri Secretary of State Certificate of Good Standing
- ☒ Missouri Secretary of State Annual Registration Report

Signature: 

Date Submitted:

SAVE

PRINT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237 | | CONTACT NAME: DEANNA KRUGER PHONE (A/C, No, Ext): 330-896-7639 X 8123 FAX (A/C, No): 330-896-6548 E-MAIL ADDRESS: Deanna.Kruger@tpa4tsa.com | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------------------------|--|--------|------------|-----------------------------------|-------|------------|--|-----|------------|--------------------------------------|-----|------------|-----------------------------------|-------|------------|--|--|------------|--|--|
| INSURED THE SALVATION ARMY AN ILLINOIS CORP. 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES IL 60192 | | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>ZURICH AMERICAN INSURANCE COMPANY</td><td>16535</td></tr><tr><td>INSURER B:</td><td>THE SALVATION ARMY LIABILITY RISK TRUS</td><td>N/A</td></tr><tr><td>INSURER C:</td><td>THE SALVATION ARMY AN ILLINOIS CORP.</td><td>N/A</td></tr><tr><td>INSURER D:</td><td>AMERICAN ZURICH INSURANCE COMPANY</td><td>40142</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | ZURICH AMERICAN INSURANCE COMPANY | 16535 | INSURER B: | THE SALVATION ARMY LIABILITY RISK TRUS | N/A | INSURER C: | THE SALVATION ARMY AN ILLINOIS CORP. | N/A | INSURER D: | AMERICAN ZURICH INSURANCE COMPANY | 40142 | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | ZURICH AMERICAN INSURANCE COMPANY | 16535 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | THE SALVATION ARMY LIABILITY RISK TRUS | N/A | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | THE SALVATION ARMY AN ILLINOIS CORP. | N/A | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | AMERICAN ZURICH INSURANCE COMPANY | 40142 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 15839

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR INSD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|-----------|------------------------|-------------------------|-------------------------|--|
| C | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | SELF INSURED RETENTION | 01/01/19 | 01/01/20 | EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMPROP AGG \$ 500,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | BAP 8978529-23 | 01/01/19 | 01/01/20 | COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 500,000 | | | TRUST #19578500 | 01/01/19 | 01/01/20 | EACH OCCURRENCE \$ 3,500,000 AGGREGATE \$ 3,500,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A | | | WC 8978534-23 | 01/01/19 | 01/01/20 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | AUTO LIABILITY EXCESS | | | SELF INSURED RETENTION | 01/01/19 | 01/01/20 | \$400,000 XS \$100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERAGE APPLIES TO 14700 E TRUMAN RD INDEPENDENCE MO 64050
AS RESPECTS TO THE CROSSROADS FAMILY SHELTER
LOC# 205-110-012

CERTIFICATE HOLDER

DIRECTOR OF PURCHASING
JACKSON CO MO
412 E 12TH ST RM G1
KANSAS CITY MO, 64106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Deanna M Kruger

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

THE SALVATION ARMY

using in Missouri the name

THE SALVATION ARMY
E00038041

a ILLINOIS entity was created under the laws of this State on the 1st day of March, 1988, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of February, 2019.


Secretary of State



Certification Number: CERT-02122019-0118

E00038041
Date Filed: 8/1/2018
John R. Ashcroft
Missouri Secretary of State

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2018

E00038041
THE SALVATION ARMY
CSC-LAWYERS INCORPORATING SERVICE COMPANY
221 BOLIVAR STREET
JEFFERSON CITY MO 65101

ORGANIZED UNDER THE LAWS OF:
Illinois

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
5550 Prairie Stone Parkway (Required)

STREET
Hoffman Estates IL 60192
CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT Bailey, F Bradford
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

SECRETARY Higgins, Bramwell E.
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

VICE PRESIDENT Howard, Steven M.
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

TREASURER Amick, Richard
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME Bailey, Heidi J.
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

NAME Stuart-Andrews, Shelagh M.
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

NAME Howard, Janice A.
STREET 5550 Prairie Stone Parkway

CITY/STATE/ZIP Hoffman Estates IL 60192

NAME

STREET

CITY/STATE/ZIP

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Bramwell E. Higgins

(Required)

Please print name and title of signer:

Bramwell E. Higgins

Secretary

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$10.00 if filed on or before 8/31/2018

\$15.00 if filed after 9/30/2018

Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL):

John R. Ashcroft Secretary of State
2018 ANNUAL REGISTRATION REPORT
NONPROFIT

E00038041
THE SALVATION ARMY
CSC-LAWYERS INCORPORATING SERVICE COMPANY
221 BOLIVAR STREET
JEFFERSON CITY MO 65101

| | OFFICERS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). | BOARD OF DIRECTORS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). |
|---|--|--|
| | <u>ASSISTANT SECRETARY</u> STREET CITY/STATE/ZIP | <u>DIR.</u> STREET CITY/STATE/ZIP |
| | Smith, Renea 5550 Prairie Stone Parkway Hoffman Estates IL 60192 | |
| 3 | <u>ASSISTANT TREASURER</u> STREET CITY/STATE/ZIP | |
| | Gates, Beverly 5550 Prairie Stone Parkway Hoffman Estates IL 60192 | |
| | <u>CHAIRMAN</u> STREET CITY/STATE/ZIP | |
| | Hudson, David E. 615 Slaters Lane Alexandria VA 22313 | |

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102



COUNTY LEGISLATURE
JACKSON COUNTY, MISSOURI

OFFICE OF COMPLIANCE REVIEW

Tom Wyrch, Director
cro@JacksonGov.org
(816)881-3302
(816)881-1223 Fax

Jackson County Courthouse
415 E. 12th Street, 2nd Floor
Kansas City, Missouri 64106
www.JacksonGov.org

Salvation Army Crossroads
14700 E. Truman Road
Independence, MO 64050

Enclosed is your certificate of compliance certifying that you have met the program submission requirement of this office that was established according to Chapter 6, Jackson County. This certificate is valid from January 1, to December 31, 2019.

In order to maintain compliance status you must send a copy of your Affirmative Action Program within 7 days.

Your submission is as follows:

Report Due: December 31, 2019

When you bid on future contracts, you must submit a copy of your Certificate of Compliance with each bid.

Thank you for your cooperation, I look forward to a good working relationship with Salvation Army Crossroads in implementing your Affirmative Action Program. Please do not hesitate to call me at 816-881-3302 if you have any questions."

Certificate Issued: January 1, 2019

A handwritten signature in cursive script that reads "Tom Wyrch".

COMPLIANCE REVIEW OFFICER
JACKSON COUNTY, MISSOURI

Enclosure: Certificate / CRO Form

Harry S. Truman Presiding Judge 1927 - 1934

WORK AUTHORIZATION AFFIDAVIT

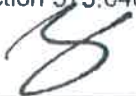
As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

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 **Salvation Army**, 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, **Salvation Army**, 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
Bramwell E. Higgins

Title Secretary

Printed Name
5/24/19

Date

Subscribed and sworn before me this 24th day of May, 2019. I am
commissioned as a notary public within the County of Cook, State of
Illinois, and my commission expires on 4/9/22.

Susanne M. Massarello

Signature of Notary

5/24/19

Date

