

**COOPERATIVE AGREEMENT BETWEEN BOONE COUNTY FAMILY RESOURCES
AND CITY OF COLUMBIA PARKS & RECREATION
CAREER AWARENESS RELATED EXPERIENCE (CARE) PROGRAM**

THIS AGREEMENT is made and entered into this 11th day of April, 2016, by and between Boone County Family Resources (hereinafter referred to as "BCFR") and the City of Columbia (hereinafter referred to as "City").

I. BACKGROUND AND PURPOSE OF AGREEMENT

- A. Boone County Family Resources, 1209 East Walnut, Columbia, Missouri 65201, is a statutory organization existing under the provisions of sections 205.968 to 205.972 RSMO, and is authorized to contract under section 205.968.1 RSMO, for any and all types of services necessary to the successful and efficient prosecution and continuation of the business and purposes for which it is created as a part of a program designed to enable eligible persons to progress toward normal living and to develop, as far as possible, their capacity, performance and relationship with other persons.
- B. The City of Columbia, Department of Parks & Recreation, 1 South Seventh Street, Columbia, Missouri 65201, is a department of city government authorized to provide services for eligible residents.
- C. The City, through its Parks & Recreation Career Awareness Related Experience Program (CARE), provides employment placement and mentoring services for students, ages 16 – 19 years, who are at risk of unemployment or underemployment post graduation. BCFR has clients who are likely to benefit from the employment placement and mentoring services offered by the City/CARE. The City/CARE has agreed to broaden its program to accommodate up to 10 students with developmental disabilities who are clients of BCFR with funding provided by BCFR as set forth in this Agreement.

II. Agency Responsibilities

- a. BCFR agrees to identify clients who may be potential City/CARE participants and refer them to the City/CARE Supervisor for consideration.
- b. Clients referred shall:
 - i. Be able to communicate in an understandable way work-related questions, their unavailability to work, and requests for assistance
 - ii. Be at-risk of unemployment or underemployment because of a developmental disability
 - iii. Be at least 16 years old and not over 19 years old unless a BCFR Support Coordinator has a special circumstance request approved by the BCFR Director's Team for either:
 1. an extension of services beyond a current client's 20th birthday for someone who needs longer term support or
 2. a new client, who is over 19 and has no other options, to enter the program
- c. BCFR staff will obtain an Authorization to Disclose Client Information form from clients or parent(s)/guardian(s) of BCFR clients referred to City/CARE so information relevant to work placement and level of employment support can be shared with City/CARE staff and potential employers.

- d. BCFR Support Coordinators will be available to discuss/share information related to participant's progress with the City/CARE Job Coach.
- e. BCFR will reimburse City/CARE for costs associated with the services provided as set forth below.
- f. BCFR staff will deliver/mail reimbursement checks to City/CARE office.

III. City/CARE Responsibilities

- a. City/CARE will accept for participation in the program approximately 10 persons referred by BCFR at any given time. City/CARE staff will review applicant's information and conduct interviews with those referred.
- b. City/CARE staff will provide/process employment applications, provide/assist trainees with state/federal/I-9 tax related forms, conduct criminal background/employment history checks (background checks conducted on those students 17 and older), submit application packets to City of Columbia Human Resources Department for hire, provide City/CARE employment orientations, place youth in appropriate jobs, and provide mentoring services.
- c. City/CARE Job Coach will meet with participants a minimum of once per week to enhance participant/trainee's opportunity for success.
- d. City/CARE Job Coach will deliver via Therap Notification Mail, fax, mail or hand delivery to BCFR support workers a bi-weekly progress report for each participant that will include participant's work attendance and general progress notes. BCFR shall inform City/CARE staff of those trainees whose progress reports may not be sent via electronic mail.
- e. City/CARE will dispense participant payroll checks at the City/CARE office and keep accurate records (signature required at pick-up).
- f. City/CARE will invoice BCFR on a monthly basis for services provided. City/CARE will invoice BCFR for the Administrative Assistant and Job Coach based on the number of weeks of service provided each month during the term of this Agreement up to the maximum number of weeks and hourly rates as set forth below. City/CARE shall invoice BCFR for the cost of trainees based on the number of trainees and hours worked per week up to the maximum hourly rate of pay and maximum hours of work per week. The total figures stated below are not to exceed amounts based on the participation of ten students for the maximum number of hours as set forth below.
- g. City/CARE will invoice BCFR at the end of each month for services provided the previous month, beginning with services provided July 2016 through and including June 2017. BCFR shall remit payment within 20 days of receipt of invoice that contains the required information.

IV. Funding

Description of Costs Associated with Proposal

Position title/#	Hours	Pay Rate	Total (Maximum Amounts)
Administrative Assistant 1 position	Full Time	Salary partially funded	\$11,880.00
Job Coach 1 position	Average 22 hours per week	\$9.25 per hour	\$10,000.00
City/CARE Trainees Approximately 10 posi- tions at any given time	School year: 5- 10 hours per week Summer: 15-20 hours per week	*\$7.65 per hour	*\$22, 600.00
Social Security, Insur- ance, Misc		\$164.80	\$1,648.00
Total			*\$46,128.00

***NOTE: FY15/16 Per hour adjustment from \$7.50 to 7.65 for increase in minimum wage.**

V. Administration

- a. The City/CARE shall retain all administrative responsibilities with respect to the program and related services and activities.
- b. BCFR shall fund costs as set forth above for the period July 1, 2016 through June 30, 2017, at which time the program shall be reevaluated.
- c. The City/CARE agrees to pay any staffing and/or program cost in excess of the amount BCFR has agreed to pay pursuant to this Agreement.

VI. Assessment

The Parties shall conduct an assessment of the program at the end of the term of this Agreement to evaluate the benefit of the program to participants. Measures of the benefit of the program shall include but not be limited to the following:

- i. Participant/family satisfaction as measured by participant input and feedback
- ii. The number of participants
- iii. The number and type of placements with employers
- iv. Employer feedback

VII. Confidentiality

The Agency is a covered entity as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191, and HIPAA regulations set forth at 45 CFR 142 and 160-164 law. As a covered entity, the Agency may only disclose information regarding the participant's eligibility and receipt of services from the Agency if the participant executes an Authorization for the release of such information. If clients/participants elect not to execute an Authorization for the disclosure of such information, the Agency will not identify clients of the Agency to the City/CARE. The Parties

understand that this may limit the identification of clients of the Agency who receive services through this program.

VIII. Termination

This agreement shall be effective on July 1, 2016 and shall continue in effect until June 30, 2017 unless sooner terminated by either Party to this Agreement for any reason by giving written notice to the other Party at least 30 days prior to date of termination.

IX. Assignment and Amendment

This agreement shall not be assignable or otherwise transferable except upon mutual consent of the parties, and shall not be modified or otherwise amended except upon written instrument executed with the same formality as this Agreement.

X. Authority of Signatories

The persons who sign this agreement on behalf of their respective entities affirmatively represent that they are authorized to enter into this agreement by the respective entity, which they represent, and to bind such entity to all terms and conditions contained herein, and that they have obtained all necessary authority required to lawfully enter into this agreement.

IN WITNESS WHEREOF, the parties have executed this agreement by their authorized signatories on the day and year first above-written.

Boone County Family Resources

By 
Executive Director

City of Columbia

By _____
City Manager

ATTEST:

City Clerk

APPROVED AS TO FORM:

By: _____
Nancy Thompson, City Counselor