

AGREEMENT FOR THE USE OF CITY GENERAL FUNDS

This Agreement is entered into between **the City of Lawrence**, a municipal corporation (hereafter "City") and **Healthcare Access, Inc.** (hereafter the "Independent Agency"), on this 16th day of Feb 2011, for the purpose of establishing certain conditions on the receipt, expenditure and use of City funds received by the Independent Agency.

I. Use of City Funds

As a condition of the receipt of City funds amounting to **\$26,000** during City budget year 2011, the Independent Agency hereby agrees to use and expend all such funds pursuant to:

- A. All applicable federal, state, and local laws;
- B. The application for funds, as approved and amended by the City Commission, which states:
 1. the funds will be used to provide comprehensive primary health care to the uninsured population of Douglas County;
 2. the funds will be used toward meeting the following program objectives:
 1. By 03/2010, 60% of patients with types I and II diabetes mellitus shall have a HgA1C of 7% or less;
 2. 10% increase in private contributions over 2010; and
 3. decrease wait time for schedule appointments to four weeks or less.

II. Independent Contractor

The Independent Agency further agrees that it is an independent contractor of the City, and that the employees, agents, and vendors of the Independent Agency are not employees of the City.

III. Disbursement of Funds

First half of funds will not be disbursed before April 1, 2011 and second half of funds will not be disbursed before October 1, 2011.

- A) The Independent Agency shall request disbursement of funds as follows:
 1. Requests for disbursements shall be made by the Independent Agency in writing, on the official letterhead of the agency;
 2. Unless otherwise agreed to in writing, requests shall be submitted no more than twice each year:
 - a) A request for fifty percent (50%) of the Independent Agency's total allocation shall be submitted **on or after March 1, 2011;**
 - b) A request for the remaining fifty percent (50%) of the Independent Agency's total allocation shall be submitted **on or after September 1, 2011.**
 3. **The City retains the right to withhold the second disbursement of funds for failure to submit a six-month progress report by July 15, 2011.**
- B) The City retains the right to unilaterally adjust the amount of any disbursement if the City Commission determines that insufficient public funds exist to fully fund the agency at the level indicated in this agreement

II. Reporting Requirements

The Independent Agency shall provide written reports to the City as follows:

- A. A six-month progress report shall be due no later than **July 15, 2011** that provides in a narrative form a description of the progress made towards meeting the goals and outcomes described in the Independent Agency's Application for Funding.
- B. The following documents shall be due to the City by **August 1, 2012**:
 1. IRS Form 990 (i.e. copy of Federal Tax Return for 2011) as well as a copy of the corporate annual report filed with the Kansas Secretary of State – FORM NP (not-for-profit) filing.
 2. A copy of the agency's financial audit. It is suggested that the agency adopt SFAS No. 117. This standard has been adopted by the Financial Accounting Standards Board as a preferred accounting method for non-profit corporations.
 3. A copy of the Agency's Annual Report that includes a summary of how the funds were used, to include an assessment of the agency's annual accomplishments and outcomes.

III. Access to Financial Records

In addition, the Independent Agency shall provide the City with reasonable access to financial records concerning the expenditure of City Funds.

VI. Withholding of Payment

The City shall retain the authority to withhold any and all payments to the Independent Agency if, in the sole judgment of the City, the proposed or continued use of the funds violates the terms of this Agreement, any applicable law, or is contrary to the appropriate use of public funds.

THE UNDERSIGNED, DULY REPRESENTING HEALTH CARE ACCESS, INC., THE INDEPENDENT AGENCY OF THIS AGREEMENT, HEREBY AGREES TO THE CONDITIONS OF THIS AGREEMENT FOR THE RECEIPT, EXPENDITURE AND USE OF CITY FUNDS:

Signature: Nikki King
Print Name and Title: Nikki King Executive Director

STATE OF KANSAS)
COUNTY OF DOUGLAS)

The foregoing Agreement was acknowledged before me this 16 day of Feb, 2011 by Nikki King, representing Health Care Access as the Independent Agency of this Agreement. In testimony whereof, I have hereunto set my hand and affixed my official seal on the day and year last above written.

Danelle Dresslar
Notary Public



My commission expires: 2.1.14

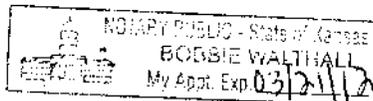
THE UNDERSIGNED FOR THE CITY OF LAWRENCE, KANSAS:

Signature: Casey Toomay
Printed Name and Title: Casey Toomay, Budget Manager

STATE OF KANSAS)
COUNTY OF DOUGLAS)

The foregoing Agreement was acknowledged before me this 21 day of January, 2011 by Casey Toomay, representing the City of Lawrence, Kansas. In testimony whereof, I have hereunto set my hand and affixed my official seal on the day and year last above written.

Bobbie Walthall
Notary Public



My commission expires: 03/21/12