

RESOLUTION 2016-078

PASSED: JUNE 27, 2016

AUTHORIZING THE MAYOR OF THE CITY OF DEKALB, ILLINOIS TO SIGN A HUMAN SERVICES AGREEMENT WITH KISHHEALTH SYSTEM HOSPICE IN THE AMOUNT OF \$3,000 FOR HUMAN SERVICES FUNDING BEGINNING JULY 1, 2016 THROUGH DECEMBER 31, 2016.

WHEREAS, the City Council has reviewed and approved the Fiscal Year 2016.5 budget, including provisions for certain human services agencies' request for funding; and

WHEREAS, agreements between the City of DeKalb and various agencies have been prepared as approved providing for the issuance of funds from the General Fund of the City; now


THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL of the City of DeKalb, Illinois, as follows:

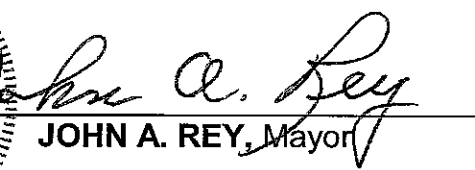
Section 1. That the Mayor of the City of DeKalb, Illinois, is authorized and directed to sign an agreement with KishHealth System Hospice for funding in the amount of \$3,000, a copy of which is attached hereto and made a part thereof as Exhibit "A".

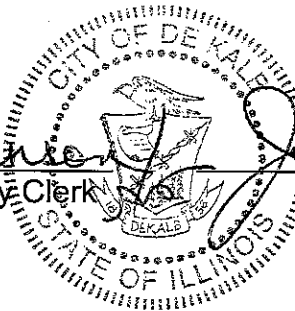
Section 2. That the City Clerk of the City of DeKalb, Illinois is authorized and directed to attest the Mayor's signature.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 27th day of June, 2016, and approved by me as Mayor on the same day. Passed by a roll call vote of 8-0. Aye: Jacobson, Finucane, Marquardt, Snow, Noreiko, Baker, Faivre, Rey.

ATTEST:


JENNIFER JEEP JOHNSON, City Clerk


JOHN A. REY, Mayor



HUMAN SERVICES AGREEMENT KISH HEALTH HOSPICE

This agreement made this 1st day of July, 2016, between the City of DeKalb, a municipal corporation of the State of Illinois, hereinafter referred to as the "City" and KishHealth Hospice, hereinafter referred to as "Grantee," WITNESSETH:

WHEREAS, the City desires that Grantee provide certain services to the citizens of DeKalb and Grantee has the capacity to provide such services; and,

WHEREAS, the Grantee acknowledges that it is the City's intention to purchase said services for the citizens of the City of DeKalb under the following guidelines:

1. First priority shall be given to those services which will help meet basic emergency needs such as food, clothing and shelter. Second priority shall be given to those services which are preventative in nature and promote the highest degree of self-support, self-care and self-help. Third priority shall be given to those services which seek to enhance the quality of life of persons whose basic needs are already met. Priority shall also be given to services which primarily benefit low and moderate income residents. The services provided by the Grantee are consistent with these guidelines as explained on the attached Exhibit A, Question No. 5.
2. Services shall address specific documented needs. The services provided by the Grantee address the specific, documented needs as explained on the attached Exhibit A, Question No. 6.
3. Services shall also receive financial support from other community sources. Grantee has attached hereto a copy of its budget for the period that this Agreement covers as Exhibit B, which budget establishes that the Grantee receives at least 15 % of its funding from third party sources. A copy of Grantee's audit or year end financial statement from the most recent complete year of operations is attached hereto as Exhibit C.
4. City funds are used only to support those services directly benefiting DeKalb residents. The City will not subsidize the cost of services to non-residents. Grantee has certified compliance with this requirement by signing the attached Exhibit A.
5. Administrative costs for these services are to be kept to a minimum. Grantee has identified the allocation between administrative costs and program costs as explained on the attached Exhibit A, Question No. 7.
6. These services must be coordinated with other agencies when feasible. Grantee has outlined how services are coordinated with other agencies as explained on the attached Exhibit A, Question No. 8.

7. The City will not fund, but may augment, services which are the responsibility of another public agency or funding source. Grantee has identified any areas where the City's funds are being utilized to augment third party responsibilities as explained on the attached Exhibit A, Question No.9.
8. City funds are to be used primarily to match or leverage other private or public funds. Grantee has explained how matching or leveraged funds are being sought or obtained as explained on the attached Exhibit A, Question No. 10.
9. The City's intent is to contract for specific services and monitor their effectiveness. Grantee has: a) identified the metrics by which its performance is to be evaluated on an annual basis; b) identified those third parties that provide any review or evaluation of Grantee's efforts; and, c) explained its clearly defined performance evaluation process, as explained on the attached Exhibit A, Question No. 11.
10. Grantee has clearly identified and delineated where any elected or appointed official of the City or any City employee is involved in its programming or receives any direct or indirect benefit, any compensation or any pecuniary benefit of any form by virtue of Grantee's program or the City funding provided hereunder, as explained on the attached Exhibit A, Question No. 12.
11. Grantee has outlined the process by which funds are held by Grantee as explained on the attached Exhibit A, Question No. 13, and all such funds are held by the Grantee in a Grantee-specific checking account with the financial institution identified therein (and not in any personal checking account), unless otherwise indicated therein.

WHEREAS, the parties hereto understand and agree that the Grantee is an independent contractor and not an employee of the City; now,

In consideration of the agreements set forth and other good and valuable considerations, the parties agree as follows:

1. **Term.** The term of this agreement shall be from July 1, 2016 to December 31, 2016. The City or Grantee may terminate this Agreement at any time, upon the provision of thirty (30) days written notice. The City may terminate this agreement at any time based upon the occurrence of a breach of this Agreement, upon the provision of 48 hours written notice.
2. **Scope of Service.** The Grantee shall provide services in accordance with the service plan provided in the original application, a copy of which is attached hereto as Exhibit A.
3. **Hold Harmless.** The Grantee hereby agrees to indemnify, defend and hold the City and its officers, employees, contractors and representatives harmless from and

against any and all such costs, expenses, damages, liabilities, losses and claims which may arise out of, or are related to the services provided by the Grantee under this agreement or which relate to this Agreement or the funding provided herein. The Grantee agrees and acknowledges that the City is not in any way responsible for the conduct or provision of Grantee's programs or services, and is not responsible for the review, supervision or management of Grantee's personnel, volunteers, participants, programming or services.

4. **Payment.** The City agrees to pay the Grantee the sum of Three thousand and No/100 Dollars (\$3,000.00) for services rendered under this agreement. **Payment will be disbursed in two equal installments, and will be processed upon receipt of the Grantee's quarterly reports, as required by this funding agreement.** In the event that this Agreement is terminated, no further payments shall be due or payable to Grantee. In the event that the City Council determines that the City's financial condition does not support making a payment otherwise due under this Agreement, the City may suspend, delay or otherwise cancel payments due hereunder.
5. **Access to Financial Records.** The Grantee agrees to allow the City access to review any and all of Grantee's financial records as may be determined appropriate to insure the accountability of monies disbursed by the City. The Grantee also agrees to provide the City with a copy of its operating budget and its audit or year-end financial statement for each fiscal year or portion thereof in which the Grantee receives funding under this (or successor) agreements.
6. **Performance Reporting.** The Grantee agrees to send the City a report following every three months of services identifying the number of City of DeKalb citizens that have been provided services under the terms of this Agreement. The Grantee further agrees to send the City a copy of all documentation required to demonstrate its performance or which is identified as a performance-evaluation tool in Exhibit A, Question 11. The Grantee further agrees that it shall provide a verbal report to the City at a regularly scheduled meeting of the City Council at least once annually, and on additional dates as may be requested by the City from time to time.

Quarterly reports shall be provided to the City on or before the 10th day of the following months:

1st Quarter – October

2nd Quarter – January

7. **Compliance with Laws.** The Grantee expressly covenants and agrees that it shall comply with all applicable laws, including those laws applicable to the use of public funding to the extent that such laws are applicable to programs funded in whole or in part by the City of DeKalb. The Grantee expressly covenants that it shall not discriminate against any person or organization on the basis of any legally recognized protected classification, including but not limited to race, gender, religion, ethnic or cultural background, sexual preference, or other legally


recognized, protected classification, in the provision of its services or use of funding provided hereunder.


8. **Use of Funds.** The Grantee shall only utilize funds made available under this agreement for the provision of services consistent with this agreement, and shall not use such funding for any other purpose, nor for the construction of any real property or improvement to real property, nor for any purpose which constitutes "Public Works" for purposes of the Illinois Prevailing Wage Act.
9. **Grantee's Organization.** Grantee is organized in the format as described in Exhibit A. For the term of this Agreement, Grantee shall take such actions as shall be required to maintain that form of organization. Grantee shall provide the City with notice of the meetings of its governing board or board of directors, and the City shall have the opportunity to attend such meetings as an *ex officio* member of such governing board; the City shall also have the right to review the minutes of all such meetings.
10. **Grantee-Specific Obligations.** Grantee shall comply with the listing of Grantee-Specific Obligations attached hereto as Exhibit D.
11. **Certification:** Grantee hereby certifies that it shall comply with the contents of this Agreement and the terms of its Application, and certifies that the contents of this Agreement and the Application are true, accurate and correct. The recitals to this Agreement are expressly incorporated herein by reference.

IN WITNESS WHEREOF, the Grantee has caused this agreement to be signed, sealed and attested to by its Chairman of the Board of Directors and Executive Director, on the 11 day of July, 2016, and said City has caused the same to be signed, sealed and attested to by its Mayor and City Clerk as of the date first mentioned in this Agreement.

KISH HEALTH HOSPICE

CITY OF DEKALB, ILLINOIS



Board Chairman


John A. Rey, Mayor

ATTEST:

ATTEST:


Executive Director


Jennifer Jeep Johnson, City Clerk



200 South Fourth Street
DeKalb, Illinois 60115
815.748.2000 • cityofdekalb.com

**FY 2017 HUMAN SERVICES FUNDING APPLICATION
Six Months Funding 7/1/16 to 12/31/16**

**APPLICATION MUST BE RECEIVED NO LATER THAN APRIL 29TH.
INCOMPLETE APPLICATIONS AND/OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.**

Agency Name: KishHealth System Hospice, part of Northwestern Medicine

Mailing Address: 2727 Sycamore Rd Ste 1B DeKalb, IL 60115

Agency Director: Teresa Gobeli RN, BS, MSHA

Contact Person: Kim Perri

Telephone No.: 815.748.9954_ **Email Address:** kperri@kishhealth.org

Name of Person Responsible for Completing Quarterly Report: Teresa Gobeli

Telephone No.: 815.756.3000___ **Email Address:** tgobeli@kishhealth.org

Program Description: _ Hospice is a special way of caring for individuals who are terminally ill. KishHealth System Hospice offers unique programs and services to those who need them, regardless of their ability to pay.

Our **Music Therapy/Music Enhancement** program has enabled our agency to provide a unique, non-invasive and holistic service to our hospice patients and families and to the community as well.

We have continued to develop the Music Enhancement/Music Therapy Program. This program provided the following services:

- Works with the children's grief support group ages 5-8years old in DeKalb area.
- Visits, at their request, Hospice patients and Transitions clients whether in their own home or residing in a nursing home or assisted living residence. Various musical instruments are taken on these visits depending on the particular patient interests.
- Provides music at several hospice patient's funerals or memorial services.
- Arranges skilled musicians from Kishwaukee Symphony and NIU School of Music to play for patients weekly at the Cancer Care Center. This is an ongoing service to the community and the music therapist will continue to look at more opportunities for these musicians to perform.

- Plans a monthly “Music on the Move” at each of the nursing facilities so that other residents can enjoy her music. She walks the halls playing and singing and encouraging others to join her.

Annually, the music therapist makes more than 400 visits to individuals and families in the hospice program. While Medicare, Medicaid and private insurance cover costs for hospice medical services, they do not reimburse for music therapy. Our music therapy program is 100 percent dependent on support.

Bereavement care- Hospice bereavement care can provide support for normal grief resolution and identification of problems that would complicate the grieving process. Bereavement follow-up provides the opportunity for family to gradually evolve from crisis care to social reinvestment. Implementation and duration of bereavement follow-up is in keeping with the uniqueness of each individual. Our Music Therapist also provides services in the Bereavement Program. The KHS Hospice Chaplain often participates in services for patients served in our program. The Bereavement Coordinator follows others from the community with grief needs as requested.

Our **Volunteer Services** program hosts two “Taking Care of You: Powerful Tools For Caregivers” classes to give caregivers guidance in caring for themselves so they can continue with reassurance in their role of caregiver. These classes meet 1.5 hours once a week for 6 weeks and are facilitated by the KHS Hospice Volunteer Program Coordinator and an LCSW.

The **Transitions** program meets the many needs of those with advancing illness. We strive to provide the most comprehensive care available in DeKalb County. The Transitions program provides assistance, encouragement, and support to individuals and their families who have a life-limiting illness with an expected prognosis of one to two years or less to live. Individuals are eligible for the supportive services of Transitions with the consent of their physician, regardless of their current medical treatment. It’s offered at no charge to residents of DeKalb County and surrounding communities. The Transitions team consists of:

- Transitions Coordinator
- Specially-Trained Volunteers
- Pet Therapy
- Music Therapy
- Chaplain
- Medical Supportive Care Program

The Transitions program served 32 patients last year in DeKalb County and the surrounding communities. We are proud to have the opportunity to assist those patients and their families cope with the decisions and struggles that follow a life-illness diagnosis.

Six Month Program Budget: \$ 1,062,629

Amount of Funding Requested: \$ 3,000

% of Six Month Program Budget: .3 %

Total Number of Estimated Program Participants: 150

Total Number of Estimated DeKalb Residents to be Served: 90

% of Six Month Budget: .3 %

The following documents must accompany the application:

1. A current listing of the agency's Board of Directors and terms.
2. The current annual operating budget for the agency.
3. Any descriptive materials of the agency that would help augment the application.
4. Documentation of the agency's 501(c)(3) status.

The City of DeKalb retains the right to request any and all additional information from the agency it may determine necessary in making funding decisions. This may include, but not limited to, agency audits, articles of incorporation, or any other information deemed appropriate.

The undersigned hereby certifies the information contained in this application is true and accurate to the best of their knowledge and belief.

Name of Authorized Signer: Teresa Gobeli

Title: Hospice Director

Signature: Teresa Gobeli RN

Date: April 28, 2016

Please submit application in one of the following methods:

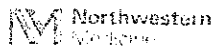
- via regular mail postmarked no later than April 29, 2016 to:
City of DeKalb
Attention: Joanne Rouse
200 S. Fourth Street
DeKalb, Illinois 60115
- via facsimile dated no later than April 29, 2016 to: (815) 748-2091, Attention: Joanne Rouse
- via email dated no later than April 29, 2016 to: joanne.rouse@cityofdekalb.com

OFFICE USE ONLY:

Date Application Received: 4-29-16

Approved – Annual Amount Awarded \$ _____ / \$ _____ per quarter

Denied



*KishHealth System Hospice
Board of Directors*

Marvin Barnes 2, 2012-2015
Chair 2012-2013 (1)
1109 Foxpoint Dr
Sycamore, IL 60178
H) 815.895.3912 C) 815.751.5469
marvinbarnes53@gmail.com

Denise Curran 2, 2014-2017
625 N Wolfe St
Sandwich, IL 60548-1241
H) 815.786.8235 C) 815.751.2848
Denise.curran@comcast.net

Mark Hilde 2, 2014 – 2017
158 W State St., Ste B
Sycamore, IL 60178
W) 815.899.1303 C) 815.761.6035 (best #)
Mark.hilde@edwardjones.com

Staci Hoste 2, 2014-2017
Vice Chair 2012-2013 (1)
NIU Broadcast Center
801 N First St
DeKalb, IL 60115
W) 815.753.0080 C) 815.762.0468
Staci.h@niu.edu

Karen Mason 2, 2013-2016
Sec./Tres.
509 Joanne Lane
DeKalb, IL 60115
H) 815.758.5606
dmason@niu.edu

Sue Richter 1 2014-2017
305 Maplewood Dr.
Sycamore, IL 60178
H) 815-895-6101 C 815.762.3189
suekrichter@yahoo.com

Ruth Walker 2, 2014 – 2017
845 Conley Dr
Elburn, IL 60119
H) 630.365.9810 C) 630.215.4839
walkeruth@aol.com

Kevin Poorten
NMHC Senior Vice President
NM-KH & NM-VW President
W) 815.756.1521 ext. 153323
kpoorten@kishhealth.org

Dr. Michael Thornton
Medical Director
954 W State St
Sycamore, IL 60178
H) 815.895.2678 W) 815.895.9144
mthorn1032@aol.com

Loren Foelske, NM-KH & NM-VW VP Finance
W) 815.756.1521 ext. 153322
lfoelske@kishhealth.org

Pam Duffy, NM-KH & NM-VW VP Operations & CNE
W) 815.756.1521 ext. 153318
pduffy@kishhealth.org

Marcy Rubic
KishHealth Foundation
W) 815.756.1521 ext 152966
Direct) 815.748.8902
mrubic@kishhealth.org

Teresa Gobeli, RN
Director
W) 815.756.3000 C) 608.214.8971
tgobeli@kishhealth.org

MEETINGS 2016

January 21, 2016

March 17, 2017

June 16, 2016

September 15, 2016

December 15, 2016



OGDEN UT 84201-0038

In reply refer to: 0437772883
July 24, 2008 LTR 4168C E0
36-3164329 000000 00 000
00057226
BODC: TE

DEKALB COUNTY HOSPICE INC
2727 SYCAMORE RD STE 1B
DEKALB IL 60115-9204129



040066

Employer Identification Number: 36-3164329
Person to Contact: S MILLIGAN
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 15, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1984, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Deborah Bingham

Deborah Bingham
Accounts Management I

Exhibit B: Current Year's Budget

Budget Income Summary

KishHealth System

Entity: 70

	<u>Current Yr</u> <u>Budget</u>
Patient Revenue	
Inpatient	-
Outpatient	2,035,258
Other Patient	-
Total Patient Revenue	<u>2,035,258</u>
Deductions From Revenue	
Charity Services	3,000
Deductions From Revenue	47,256
Other Discounts	-
Bad Debt	15,000
Total Deductions From Revenue	<u>65,256</u>
Net Patient Revenue	<u>1,970,002</u>
Other Operating Revenue	18,504
Total Operating Revenue	<u>1,988,506</u>
Operating Expenses	
Salaries & Wages	1,015,379
Benefits	359,726
Contract Labor	-
Professional Fees	265,050
Purchased Services	-
Medical Supplies	85,183
Drugs & Pharmaceuticals	72,081
Other Supplies	6,323
Depreciation and Amortization	30,288
Lease and Rental	58,564
Maintenance and Repairs	468
Utilities	612
Insurance	3,228
Interest	-
Bad Debt Expense	-
Other Expenses	228,356
Total Operating Expenses	<u>2,125,258</u>
Excess of Revenue Over Expenses from Operations	<u>(136,752)</u>
Non-Operating Income	
Unrestricted Contributions	346,488
Other NonOperating Revenue\Expense	-
Investment Income	1,200
Interest Income	-
Gain(Loss) on Sale of Assets	-
Total Non-Operating Income	<u>347,688</u>
Extraordinary Item	-
Excess of Revenue Over Expenses	<u>210,936</u>

Exhibit C: Most Recent Completed Fiscal Year's Audit or Year-End Financial Statement

To Follow

Exhibit D: Grantee-Specific Obligations

Grantee agrees and acknowledges that it shall comply with the following obligations, which shall be considered to be an integral component of the Agreement:

To be determined.