

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19245

Sponsor(s): Alfred Jordan

Date: August 29, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <i>Transferring</i> Appropriating \$20,000 from the 2016 Health Fund Non Mandated Contingency to assist in funding the MorningStar Development Corporation with the operation of their Senior Program.</p>											
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="321 520 1295 835"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$20,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$20,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td> FROM: 2016 Health Fund Non-Mandated Contingency 002- 8005-6830 TO: 002-7738-6789 </td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: _____ Estimated Use: \$ _____</p> <p>Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$20,000	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$20,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO:	FROM: 2016 Health Fund Non-Mandated Contingency 002- 8005-6830 TO: 002-7738-6789
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____ Prior resolutions and (date): _____</p>											
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): clw 3310</p>											
<p>REQUEST SUMMARY</p>	<p>Requesting a \$20,000 appropriation from the 2016 General Fund to assist MorningStar Development Corporation with the operation of their Senior Program. See attached exhibit.</p>											
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>											
<p>ATTACHMENTS</p>	<p>Funding Request</p>											
<p>REVIEW</p>	<table border="1" data-bbox="313 1633 1534 1879"> <tr> <td>Department Director: <i>Crissey Wardessa</i></td> <td>Date: <i>8/26/2016</i></td> </tr> <tr> <td>Finance (Budget Approval) <i>if applicable</i></td> <td>Date: <i>8/26/16</i></td> </tr> <tr> <td>Division Manager: <i>Mary Lou Brown</i></td> <td>Date: <i>8/29/16</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: <i>Crissey Wardessa</i>	Date: <i>8/26/2016</i>	Finance (Budget Approval) <i>if applicable</i>	Date: <i>8/26/16</i>	Division Manager: <i>Mary Lou Brown</i>	Date: <i>8/29/16</i>	County Counselor's Office:	Date:		
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County Counselor's Office:	Date:											

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____.
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



2016 OUTSIE AGENCY FUNDING REQUEST

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

New Agency Request
 Previously Funded

Name: Morningstar's Development Corporation Inc.			
Address: 2411 East 27 th	City: Kansas City	State: MO	Zip Code: 64127
Phone No: 816923- 3559	Website: morningstarbc@kc,rr.com		
Federal Tax ID No:	Fiscal Year: 2016		
To			
Executive Director/President:	Roy Anderson	Phone No. 816-260-9868	Email: roylanderson11@yahoo.com
Principal Contact:	Janet Bartee	Phone No. 816-547-6024	Email: jmbtee1@kc.rr.com

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 _____

Total Amount Requested: 20,000 _____



Section A Agency Revenue Information

Funding Entity	Source Description	Actual	2015	2016
			Projected	Projected
Federal		-	-	-
State		-	-	-
Jackson County	Outside Agency Funding	167,000-	167,000	-
City of Kansas City		-	-	-
Charity/Donations		-	-	-
Fundraisers		-	-	-
Other		-	-	-
		-	-	-

Please check if your agency has cash reserves
 What is the current balance? _____

Please check all Jackson County sources your agency received funding from in 2015:

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

Please check any of the following your agency received funding or resources from in 2015:

	Goods	Services	Cash	Amount
Harvesters	X			
Mid America Regional Council				-
MAAC Link				-
United Way				-

Other: _____ 2016 Outside Agency Proposal - Section A Agency Revenue Information



Section C 2016 Program Information

Agency Name: Morningstar's Development Corporation Program: Senior

Proposed Program

Detail functions to be performed. The Morningstar Seniors Program has developed a reputation for providing much-needed community and social services to seniors and their families in Kansas City urban core. Neighborhood residents of the community know Morningstar is a place where they can go for assistance of any kind. No one is ever turned away. The Center's Senior Program will work with seasoned experts who will provide computer training and healthy living programs in manner that will support the needs and well-being of the seniors in this geographical location. Center staff will also take seniors on field trips to expose them to civic and cultural events and will solicit civic organizations outside of the community to donate supplemental materials and supplies to the center.

Our grand opening program, which our seniors will be participating in, is coordinated in order to bring community awareness to the added resource of the Morningstar Youth & Family Outreach and Career Development Center in Jackson County. This celebration is open to all residents of Jackson County in addition to receiving resource, and hands on contacts and information the community will be able to participate in a Family Festival celebration.

Why is this priority for your agency? This is a priority of The Morningstar Senior Program because it is our goal to take a holistic approach to human development. MSDC provides services to reach the "whole person". Seniors will be served lunch as well as provided grocery items such as fresh fruit and vegetables after each meeting. Senior Counselors will provide technology and healthy living instruction that will be supplemented by workshops presented by specialists in specialty areas of healthy living and exercise programs; computer literacy, gardening and fitness and nutrition. This grant will allow us to continue to make a significant impact in enhancing the lives of the seniors who participate in this program. It is our objective to increase services in our geographical area for seniors and their families.

Check if this program is sustainable without Jackson County's funding.

Target Population

Describe target population and demographics to be served by each program. The primary focus of the neighborhood center includes an Enhanced Enterprise Community comprising portions of the following neighborhoods: Beacon Hill, Washington Wheatley, Wendell Phillips, Mount Hope, Key Coalition and Santa Fe. The Service Area is an Urban Core Neighborhood Strategy Area in Council District 3. Although the facility is and will be opened to all residents of Kansas City, Missouri, the primary population served will be low to moderate income persons residing in Census Tracts 38, 42, 54, 39, 40, 37, 56.01, 52, and 41.

What criteria do you have for the participants you serve? Must Be Seniors

Service Delivery Area

Identify the number of participants that this program serves.

Total # 150 served Jackson County# 125 served from # 25 served from Other Areas

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

Zip Code 64127 Geographical Boundary (see above)

Check if this is a Countywide Program

If not, What is the Jackson County Legislative District? 2nd Legislative District

Check if you keep a list of participants for this program

Please classify your program from the following types of services:

Community Improvement/Outreach

Food/Emergency Services

Health/Wellness

Indigent Population

Senior Services

Youth Services

Other: _____

Check if your services are available to anyone.

Outcomes

List up to 5 outcomes related to this program.

Please check if the outcome is measurable.

1. Provide a "Safe Haven" for children, families, neighborhoods and the community
2. Provide much-needed educational, social service and cultural programming to the community
3. To act as a conduit to bring outside resources to the community
4. To be a resource to meeting basic needs such as food, clothing, shelter and utilities