

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18715

Sponsor(s): Crystal Williams

Date: February 9, 2015

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <b><u>2015 Outside Agency Funding Requests Adopted By The Legislature Per Outside Agency Funding Proposal: Need For Agenda Of February 9, 2015</u></b></p>										
<p>BUDGET INFORMATION  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$117,805</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$117,805</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><b>Fund 002 Health Fund</b> <b>*See Account Codes Below*</b></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)</p> <p><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): _____</p> <p>Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:	\$117,805	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$117,805	Amount budgeted for this item *: (including transfers)	\$	Source of funding (name of fund) and account code number; FROM/TO	<b>Fund 002 Health Fund</b> <b>*See Account Codes Below*</b>
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____</p> <p>Prior resolutions and (date): # 18355 1/6/2014</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Cindy Wallace – Sr. Asst. Auditor 881-3312</p>										
<p>REQUEST SUMMARY</p>	<p>1). MARC Mid America Regional Council Older Americans Act Match \$25,947 002-7902-6080</p> <p>2). MARC Mid America Regional Council Supplemental Aging Services \$91,858 002-7902-6870</p> <p style="text-align: center;"><b>Total = \$117,805</b></p>										
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)</p> <p><input type="checkbox"/> Business License Verified (Purchasing &amp; Department)</p> <p><input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										
<p>ATTACHMENTS</p>											
<p>REVIEW</p>	<table border="1"> <tr> <td>Department Director: <i>Christy Wooderson</i></td> <td>Date: <i>2-3-2015</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable Libnah S Ball</i></td> <td>Date: <i>2-4-15</i></td> </tr> <tr> <td>Division Manager: <i>SB</i></td> <td>Date: <i>2-4-15</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: <i>Christy Wooderson</i>	Date: <i>2-3-2015</i>	Finance (Budget Approval): <i>If applicable Libnah S Ball</i>	Date: <i>2-4-15</i>	Division Manager: <i>SB</i>	Date: <i>2-4-15</i>	County Counselor's Office:	Date:		
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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.

