

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18941

Sponsor(s): Alfred Jordan

Date: September 28, 2015

SUBJECT	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Resolution requesting a no cost extension of the 2012 JAG Grant.</u></p>															
<p>BUDGET INFORMATION  <i>To be completed                  By Requesting                  Department and                  Finance</i></p>	<table border="1" data-bbox="316 562 1198 842"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td></td> <td>\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> <td>\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td></td> <td>\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td></td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td>FROM ACCT</td> <td>TO ACCT</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 checked="" 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:		\$	Amount previously authorized this fiscal year:		\$	Total amount authorized after this legislative action:		\$	Amount budgeted for this item * (including transfers):		\$	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT	TO ACCT
Amount authorized by this legislation this fiscal year:		\$														
Amount previously authorized this fiscal year:		\$														
Total amount authorized after this legislative action:		\$														
Amount budgeted for this item * (including transfers):		\$														
Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT	TO ACCT														
PRIOR LEGISLATION	<p>Prior ordinances and (date): 4481 11/12</p> <p>Prior resolutions and (date): 18654 11/14</p>															
CONTACT INFORMATION	<p>RLA drafted by (name, title, &amp; phone): Jean Peters Baker, 9/17/15</p>															
REQUEST SUMMARY	<p>Requesting a Resolution authorizing a twelve month no cost extension of the 2012 JAG Grant awarded by the US Department of Justice. This extension will continue to provide funding for salary and benefits for drug court employees and one data analyst. The grant has been extended to September 30, 2016. A copy of the Grant Adjustment Notice authorizing this extension is attached.</p>															
CLEARANCE	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>															
ATTACHMENTS	<p>Grant Adjustment Notice</p>															

REVIEW	Department Director: <i>Juan Peters Baker</i>	Date: <i>9/17/15</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Mary Rasmussen</i>	Date: <i>9/18/15</i>
	Division Manager: <i>Mary Lou Brown</i>	Date: <i>9/22/15</i>
	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.



US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

**GRANT ADJUSTMENT NOTICE**

**Grantee Information**

<b>Grantee Name:</b>	City of Kansas City	<b>Project Period:</b>	10/01/2011 - 09/30/2016	<b>GAN Number:</b>	007
<b>Grantee Address:</b>	414 EAST 12TH STREET KANSAS CITY, 64106	<b>Program Office:</b>	BJA	<b>Date:</b>	09/12/2015
<b>Grantee DUNS Number:</b>	07-313-4231	<b>Grant Manager:</b>	Veronica Munson		
<b>Grantee EIN:</b>	44-6000201	<b>Application Number(s):</b>	2012-H3380-MO-DJ		
<b>Vendor #:</b>	446000201	<b>Award Number:</b>	2012-DJ-BX-0320		
<b>Project Title:</b>	Greater Kansas City Crime Prevention Initiative	<b>Award Amount:</b>	\$578,423.00		

**Change Project Period**

<b>Current Grant Period:</b>	Month: 47 Day: 29	<b>New Grant Period:</b>	Month: 59 Day: 29
<b>Project Start Date:</b>	10/01/2011	<b>*New Project Start Date:</b>	10/01/2011
<b>Project End Date:</b>	09/30/2015	<b>*New Project End Date:</b>	09/30/2016

**\*Required Justification for Change Project Period:**

Jackson County is requesting a one year no cost extension to expand drug court positions and data information analyst position through 9/30/16. Please see the attached letter for further explanation.

**Attachments:**

Filename:	User:	Timestamp:
2012 JAG Extension Narrative letter.pdf	GMSGGrants	08/24/2015 12:27 PM

Print

**Audit Trail:**

Description:	Role:	User:	Timestamp:
Approved-Final	OCFMD - Financial Analyst	SYSTEM_USER	09/12/2015 12:00 PM
Change Requested	EXTERNAL - External User	munsonv	08/25/2015 1:50 PM

Please have the letter signed by the authorized representative. Thank you.

Change Requested	PO - Grant Manager	munsonv	08/25/2015 1:50 PM
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Please have the letter signed by the authorized representative. Thank you.

Submitted	PO - Grant Manager	GMSGGrants	08/24/2015 12:28 PM
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Draft	EXTERNAL - External User	GMSGGrants	08/24/2015 12:24 PM
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