


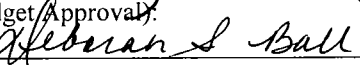

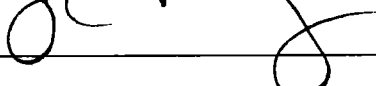

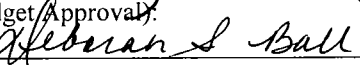

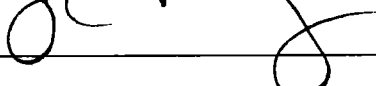

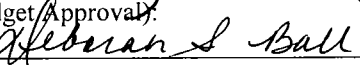

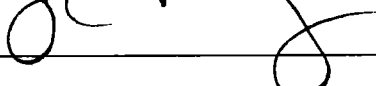
REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18357

Sponsor(s): Theresa Garza Ruiz

Date: January 6, 2014

| | | | | | | | | | | | |
|--|---|--|----------------|--|----------------|--|----------------|---|-------|---|--|
| SUBJECT | <p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>2014 Outside Agency Funding Requests Adopted By The Legislature Per outside Agency Funding Proposal via MARC Pass Through: Needed For The Agenda Of January 6, 2014.</u></p> | | | | | | | | | | |
| BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i> | <table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$195,000</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>\$195,000</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>Health & Park Funds 002-7902-6789 003-7905-6789</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION: <input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in annual budget); estimated value and use of contract: Department: Estimated Use: \$ Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p> | Amount authorized by this legislation this fiscal year: | \$195,000 | Amount previously authorized this fiscal year: | \$0 | Total amount authorized after this legislative action: | \$195,000 | Amount budgeted for this item * (including transfers) | \$ | Source of funding (name of fund) and account code number; FROM/TO | Health & Park Funds 002-7902-6789 003-7905-6789 |
| Amount authorized by this legislation this fiscal year: | \$195,000 | | | | | | | | | | |
| Amount previously authorized this fiscal year: | \$0 | | | | | | | | | | |
| Total amount authorized after this legislative action: | \$195,000 | | | | | | | | | | |
| Amount budgeted for this item * (including transfers) | \$ | | | | | | | | | | |
| Source of funding (name of fund) and account code number; FROM/TO | Health & Park Funds 002-7902-6789 003-7905-6789 | | | | | | | | | | |
| PRIOR LEGISLATION | <p>Prior ordinances and (date): Prior resolutions and (date) Res # 18054 1/7/2013</p> | | | | | | | | | | |
| CONTACT INFORMATION | <p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p> | | | | | | | | | | |
| REQUEST SUMMARY | <p>Below are two outside agency funding requests. These contracts will be administered by Mid America Regional Council (MARC) as a MARC pass-through contracts. These should be drafted and held by the Counselor's Office while awaiting agency compliance with Executive Order 04-18. <u>DO NOT COMBINE CONTRACTS</u></p> <p>Bishop Sullivan Center \$30,000 002-7902-6789 Don Bosco \$40,000 002-7902-6789 Guadalupe Center \$34,390 (Teen Pregnancy Program) 002-7902-6789 Guadalupe Center \$20,610 (Youth Rec Program) 003-7905-6789 Redemptorist Center \$30,000 002-7902-6789 Shepherd's Center of Kansas City Central \$20,000 002-7902-6789 Whatsoever Community Center \$20,000 002-7902-6789</p> <p style="text-align: center;">TOTAL = 195,000</p> | | | | | | | | | | |
| CLEARANCE | <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)b</p> | | | | | | | | | | |
| ATTACHMENTS | | | | | | | | | | | |
| REVIEW | <table border="1"> <tr> <td>Department Director: </td> <td>Date: 12-18-13</td> </tr> <tr> <td>Finance (Budget Approval): If applicable: </td> <td>Date: 12-30-13</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 1-2-2014</td> </tr> <tr> <td>County Counselor's Office: </td> <td>Date:</td> </tr> </table> | Department Director:  | Date: 12-18-13 | Finance (Budget Approval): If applicable:  | Date: 12-30-13 | Division Manager:  | Date: 1-2-2014 | County Counselor's Office:  | Date: | | |
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| Finance (Budget Approval): If applicable:  | Date: 12-30-13 | | | | | | | | | | |
| Division Manager:  | Date: 1-2-2014 | | | | | | | | | | |
| 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.

