

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 20358

Sponsor(s): Crystal Williams

Date: January 27, 2020

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Resolution to transfer \$100,000 that is appropriated for Indigent Cremation out of Health Services Other Contractual Services into it's own line item.</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>\$100,000</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>\$100,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$100,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td>\$100,000</td> </tr> </table> <p>Transfer From: 002-1500-56790 Other Contractual Services</p> <p>To: 002-1525-56788 Indigent Cremation</p> <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:	\$100,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$100,000	Amount budgeted for this item * (including transfers):	\$100,000	Source of funding (name of fund) and account code number:	\$100,000
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Source of funding (name of fund) and account code number:	\$100,000										
<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): Ashley Burke 816-881-3449</p>										
<p>REQUEST SUMMARY</p>	<p>Currently the funds for indigent cremations are under the Heath Services Other Contractual Services. Due to the large amount of money budgeted for Indigent Cremations we would like to move it into it's own line item for accountability purposes and visibility.</p> <p>The program also receives reimbursements for the cremations we pay for from the Greater Kansas City Community Foundation moving indigent cremation into it's own line item would better help us track the money coming in as well.</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>COMPLIANCE</p>	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>										
<p>ATTACHMENTS</p>											

REVIEW	Department Director: <i>Ray M. Schulte</i>	Date: <i>1/17/2020</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>1/21/2020</i>
	Division Manager: <i>Ray M. Schulte</i>	Date: <i>1/21/2020</i>
	County Counselor's Office: <i>Bryan Conroy</i>	Date: <i>1/23/2020</i>

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.

