

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18718

Sponsor(s): February 9, 2015

Date: Alfred Jordan

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>2015 Outside Agency Funding Request Adopted By Legislature Per Outside Agency Funding Proposal: Authorizing the County Executive To Execute An Addendum To The Agreement With UICS. Need For Agenda Of February 9, 2015</u></p>											
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="316 556 1193 777"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$388,000</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>\$388,000</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 002-7736-6789 & 003-7736-6789</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:	\$388,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$388,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO	Health & Park Funds 002-7736-6789 & 003-7736-6789
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PRIOR LEGISLATION	Prior ordinances and (date): _____ Prior resolutions and (date): Resolution #'s 18352 1/6/2014											
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Cindy Wallace – Sr. Asst. Auditor 881-3312											
REQUEST SUMMARY	<p>Please draft the below agency contract. This outside agency contract should be drafted and held by the Counselor's Office while awaiting compliance with Executive Order 04-18.</p> <p>1). United Inner City Services \$253,740 002-7736-6789 (Health Fund) 134,260 003-7736-6789 (Park Fund)</p> <p style="text-align: center;">Total = \$ 388,000</p>											
CLEARANCE	<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)											
ATTACHMENTS												
REVIEW	<table border="1" data-bbox="300 1638 1562 1879"> <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</i> <i>Alberan S Ball</i></td> <td>Date: <i>2-4-15</i></td> </tr> <tr> <td>Division Manager: <i>JP</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</i> <i>Alberan S Ball</i>	Date: <i>2-4-15</i>	Division Manager: <i>JP</i>	Date: <i>2-4-15</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.

