

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

A RESOLUTION transferring \$10,000.00 within the 2013 Health Fund and authorizing the County Executive to execute a Cooperative Agreement with One Good Meal, for the furnishing of a daily meal program for senior citizens and homebound individuals, at a cost to the County not to exceed \$10,000.00.

RESOLUTION NO. 18052, January 7, 2013

INTRODUCED BY Bob Spence, County Legislator

WHEREAS, One Good Meal, a non-profit organization located in Lee's Summit, MO, has submitted a funding proposal for the furnishing of a daily meal program for senior citizens and homebound individuals, at a cost to the County not to exceed \$10,000.00; and,

WHEREAS, this program is in the best interests of the health, welfare, and safety of the citizens of Jackson County; and,

WHEREAS, a transfer is necessary to fund this program; and,

WHEREAS, the County Executive recommends said transfer; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the following transfer be made within the 2013 Health Fund:

<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER/DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Health Fund Non-Departmental 002-5102	56080 – Other Professional	\$10,000	
Health Fund One Good Meal 002-7706	56789 – Outside Agency Funding		\$10,000

and,

BE IT FURTHER RESOLVED that the County Executive be and hereby is authorized to execute a Cooperative Agreement with One Good Meal, in the amount of \$10,000.00, in a form to be approved by the County Counselor; and,

BE IT FURTHER RESOLVED that the Director of Finance and Purchasing be and hereby is authorized to make all payments, including final payment on the agreement.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

[Signature]
Chief Deputy County Counselor

[Signature]
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 18052 of January 7, 2013, as duly passed on January 7, 2013 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 9

Nays 0

Abstaining 0

Absent 0

1-7-2013
Date

[Signature]
Mary Jo Spino, Clerk of Legislature

Funds sufficient for this transfer are available from the source indicated below.

ACCOUNT NUMBER: 002 5102 56080
ACCOUNT TITLE: Health Fund
Non-Departmental
Other Professional Services
NOT TO EXCEED: \$10,000.00

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.

ACCOUNT NUMBER: 002 7706 56789
ACCOUNT TITLE: Health Fund
One Good Meal
Outside Agency Funding
NOT TO EXCEED: \$10,000.00

January 3, 2013
Date

[Signature]
Director of Finance and Purchasing

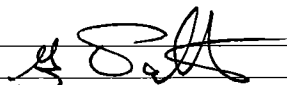
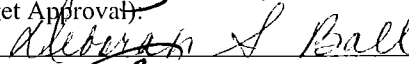
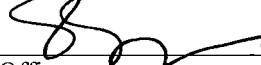
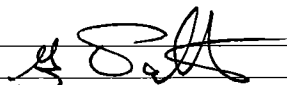
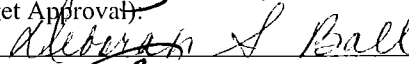
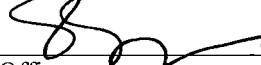
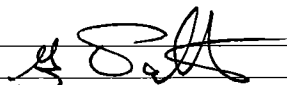
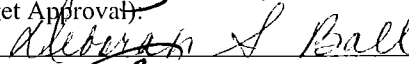
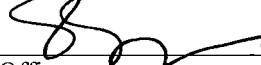
REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res~~Ord~~ No.: 18052

Sponsor(s): Bob Spence

Date: January 7, 2013

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Outside Agency Funding Request. Transferring \$10,000 from the 2013 Non-Departmental Health Fund to Provide Funding For One Good Meal.</u></p>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width: 100%;"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO Transfer From Non-Departmental Health Fund – Other Professional Services 002-5102-56080 into 002-7706-56789</td> <td style="vertical-align: top;"> FROM: 002-5102-56080 TO: 002-7706-56789 </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 the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): 2012 \$10,000 Prior Year Actual Amount Spent (if applicable): 2012 - \$10,000</p>	Amount authorized by this legislation this fiscal year:	\$10,000	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$10,000	Amount budgeted for this item * (including transfers):	\$10,000	Source of funding (name of fund) and account code number; FROM / TO Transfer From Non-Departmental Health Fund – Other Professional Services 002-5102-56080 into 002-7706-56789	FROM: 002-5102-56080 TO: 002-7706-56789
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Source of funding (name of fund) and account code number; FROM / TO Transfer From Non-Departmental Health Fund – Other Professional Services 002-5102-56080 into 002-7706-56789	FROM: 002-5102-56080 TO: 002-7706-56789										
PRIOR LEGISLATION	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date): Resolution # 17900 June, 2012</p>										
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p>										
REQUEST SUMMARY	<p>This Outside Agency Contract Should Be Drafted And Held By The Counselor's Office While Awaiting Compliance With Executive Order 04-18. Transfer Funds From Non Departmental Health Fund- Other Professional Services</p> <p>Transfer from 002-5102-56080 INTO 002-7706-56789 Total Contract = \$10,000 for 2013</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)</p>										
ATTACHMENTS											
REVIEW	<table border="1" style="width: 100%;"> <tr> <td>Department Director: </td> <td>Date: 12-13-12</td> </tr> <tr> <td>Finance (Budget Approval): If applicable </td> <td>Date: 12-20-12</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 12/20/12</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: 	Date: 12-13-12	Finance (Budget Approval): If applicable 	Date: 12-20-12	Division Manager: 	Date: 12/20/12	County Counselor's Office:	Date:		
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Finance (Budget Approval): If applicable 	Date: 12-20-12										
Division Manager: 	Date: 12/20/12										
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.

**Fiscal Note:
Jackson County, Missouri**

Funds sufficient for this transfer are available from the sources indicated below.

Date: December 20, 2012 PC# _____ RES # 18052

Department / Division	Character/Description	From	To
Health Fund - 002			
5102 - Non -Departmental	56080 - Other Professional Services	10,000	
7706 - One Good Meal	56789 - Outside Agencies		10,000

Fiscal Note:

This expenditure was included in the Annual Budget.

Date: December 20, 2012 PC# _____ RES # _____

Department / Division	Character/Description	From	To
Health Fund - 002			Not to Exceed
7706 - One Good Meal	56789 - Outside Agencies		10,000
			10,000

Ashley S Ball 12-20-12
Budgeting



OUTSIDE AGENCY FUNDING REQUEST FORM 2013 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106

Email: auditor@jacksongov.org

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KANSAS CITY MISSOURI

Section A: Organization or Agency Information	page 1
Section B: Agency's 2012 and 2013 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information

Name: One Good Meal

Address: P.O. Box 2222; Lee's Summit, MO 64063-2919

Phone No: 816-547-6394

Fax:

Website Address: www.onegoodmeal.org

Federal Tax ID No: 43-1779562

Fiscal Year Cycle: April 1 - March 31

Executive Director:

Roberta McArthur

Name and Title of Principal Contact Person:

Cathy Fuhrman

Phone No: 816-678-1863

Email Address: cathyfuhrman@sbcglobal.net

Submittal of this request has been authorized by:

Date:

Section B: Agency's 2012 and 2013 Revenue Information

Agency's 2013 Projected Revenue Information

Funding Entity	Agency's 2013 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 10,000	13
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Individuals & Corporate	\$ 16,550	21
Fundraisers	Bake Sales; Community Events	\$ 16,000	20
Other	Client Meal Revenue	\$ 36,663	46
2013 Total Projected Revenue		\$ 79,213	

Agency's 2012 Revenue Information

Funding Entity	Agency's 2012 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 10,000	14
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Individuals & Corporate	\$ 10,100	14
Fundraisers	Bake Sales, Community Events	\$ 16,000	22
Other (please list)	Client Meal Revenue	\$ 36,663	50
2012 Total Revenue		\$ 72,763	

If your agency received funding from Jackson County in 2012, please identify the funding source, amount and program name below.

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	
2012 Total Jackson County Funding			\$ 10,000	

Did your agency receive funding or resources in 2012 from either of the following?

Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -

Section C: 2013 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

Agency Name: One Good Meal

Program Name: One Good Meal

Personal Services			
For each salary request below please attach a job description or duties.			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
N/A - 100% volunteer organization			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ -
Supplies			
As a 100% volunteer organization, all monies received under this contract will be used to purchase food for clients unable to pay themselves.			\$ 10,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 10,000

Total Program Request \$ 10,000

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: One Good Meal

Program Name: One Good Meal

Proposed Program

Detail functions to be performed by each program.

1) Meal Delivery - Deliver a hot, noon-time meal to seniors and homebound individuals in need of food. One Good Meal serves mid-day meals Monday through Friday to seniors and homebound individuals in Lee's Summit & Greenwood regardless of income. We serve 80-95 meals every day of operation. Because One Good Meal exists, anyone in need can receive a hot, nutritious meal. Hy-Vee supplies the main dish and two side dishes at a reduced cost. Volunteers supply the desserts.

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KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: One Good Meal

Program Name: One Good Meal

Participants

Identify the number of participants by County that each program serves.

Jackson, MO	80-95 day;	<div style="border: 1px solid black; padding: 5px; margin: 0 auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">AUG 27 2012</p> <p style="margin: 0; font-size: small;">JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI</p> </div>
Clay, Platte, Cass, MO	3-7 in Cass.	
Wyandotte, Johnson, KS		
Other Missouri		

Target Population

Describe target population and demographics to be served by each program.

One Good Meal will deliver a hot, noon-time meal to any senior or homebound individual within our serving area regardless of ability pay, race, sex, nationality or creed.

Would you provide these services to anyone at your door? **Yes**

Answer Yes or No

Is anyone denied services? **No**

Answer Yes or No

What level of indigents (below poverty level) do you serve?

Please classify your program from the following types by percentage of your agency's overall service

Senior Program 95 %

Indigent Program (Below Poverty Level) 60%

Senior Indigent Program %

What criteria do you have for the clients you serve?

We attempt to serve everyone who contacts us with a need.

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

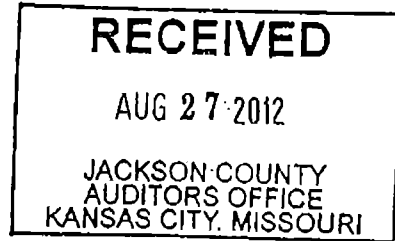
Agency Name: One Good Meal

Program Name: One Good Meal

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Lee's Summit and Greenwood, Missouri



Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

All funds received from Jackson County will be used to purchase food for Jackson County residence. 95% of One Good Meal clients are Jackson County residence.

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: One Good Meal

Program Name: One Good Meal

Approach & Method

List the top three (3) objectives for each program.

1. Serve a hot, noon-time meal to those in need regardless of income.

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2. Offer Community Service opportunities to students and court-ordered individuals.

3.

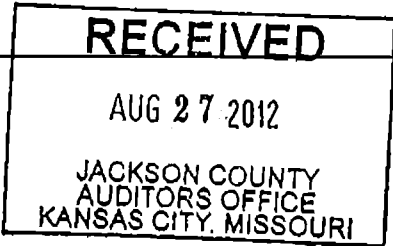
Detail specific methods you will use to achieve these objectives.

1) Meal Delivery: Over the past 18 years One Good Meal has developed a system for organizing noon-time meal delivery to individuals in need. A strong team of volunteers arrive at Martin Luther Lutheran to divide food purchased from Hy-Vee into "to-go" boxes. These boxes are then organized by delivery route and packed into coolers with hot "bean-bags" to keep the food warm. a team of drivers is then dispatched to deliver the meals needed for that day. The meals consist of a main dish, two sides, bread & butter and a dessert. A team of volunteers supply desserts. Clients are referred to One Good Meal, learn about us from a neighbor or relative or a relative learns about us through our many community activities such as Lee's Summit Downtown Days, John Knox Craft sales, etc. 2) Community Service Opportunities: One Good Meal receives court appointed community service volunteers from three counties: Jackson, Cass and Clay. Additionally high school students working to complete their graduation community service hours often join our volunteer base.

Section E: Summary of Jackson County Funding Request by Program

Agency Name: One Good Meal

Program Name: One Good Meal



Amount

1. Purchase meals.		\$	10,000
2.		\$	-
3.		\$	-
Total Jackson County Funding Request for All Programs			\$ 10,000

Is there anything Jackson County can do to help your operation run more efficiently?
Not at this time.