

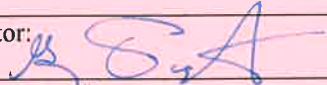
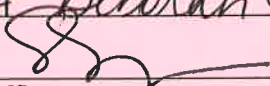
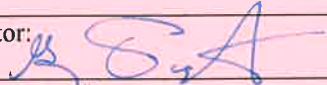
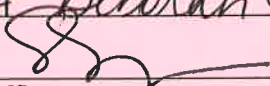
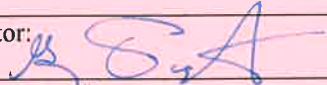
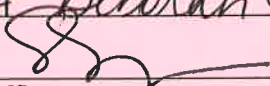
REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18457

Sponsor(s): Theresa Garza Ruiz

Date: April 1, 2014

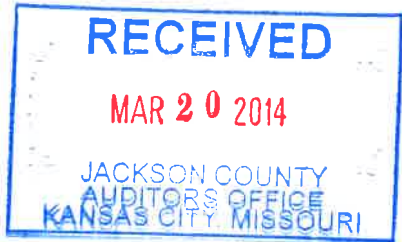
SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>2014 Outside Agency Funding Request for Samuel U. Rodgers Health Center re-allocating budget items within their outside agency program budget (REVISED Program Budget attached which was approved on January 6, 2014 via Resolution # 18359.</u></p>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="313 552 1289 743"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$337,488</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$337,488</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$337,488</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td>N/A</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: \$ _____ Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:	\$0	Amount previously authorized this fiscal year:	\$337,488	Total amount authorized after this legislative action:	\$337,488	Amount budgeted for this item * (including transfers):	\$337,488	Source of funding (name of fund) and account code number; FROM/TO:	N/A
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Source of funding (name of fund) and account code number; FROM/TO:	N/A										
PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): 18359 1/6/2014</p>										
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Auditor's Office 881-3310</p>										
REQUEST SUMMARY	<p>Request should be drafted and held by the Counselor's Office while awaiting compliance with Executive Order 04-18.</p> <p>1). Samuel U. Rodgers Health Center</p> <p>Samuel U. Rodgers is requesting a change in allocation from the original program budget submitted to the <i>REVISED</i> program budget (attached).</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	<p><i>REVISED Program Budget & Email Attached</i></p>										
REVIEW	<table border="1" data-bbox="313 1577 1521 1822"> <tr> <td>Department Director: </td> <td>Date: 3.20.14</td> </tr> <tr> <td>Finance (Budget Approval): If applicable N/A Deborah S Ball</td> <td>Date: 3-21-14</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 3/27/14</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date: _____</td> </tr> </table>	Department Director: 	Date: 3.20.14	Finance (Budget Approval): If applicable N/A Deborah S Ball	Date: 3-21-14	Division Manager: 	Date: 3/27/14	County Counselor's Office:	Date: _____		
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Division Manager: 	Date: 3/27/14										
County Counselor's Office:	Date: _____										

Section C: 2014 REVISED Program Budget
 Complete a separate program budget for each program your agency is applying for funding.

Agency Name: Samuel U. Rodgers Health Center

Program Name: Health Care for All

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
Director Community Relations (1FTE)	65000	100%	\$ 65,000
Breast Care Coordinator (.5 FTE)	33097	50%	\$ 16,549
Community Health Education	61800	100%	\$ 61,800
Patient Care Coordinator (.5 FTE)	36292	50%	\$ 18,146
Patient Care Coordinator (.6 FTE)	17996	100%	\$ 17,996
Outreach Assistant (1 FTE)	39520	100%	\$ 39,520
Total Salaries			\$ 219,011
Total Fringe Benefits			\$ 52,563
Total Personal Services			\$ 271,573
Contractual Services			
Health Awareness and Promotions			\$ 20,632
Screening Supplies (Diabetes and Cholesterol Cassettes)			\$ 7,000
Community Health Education			\$ 8,000
Temporary Labor/PRN/Professional Services			\$ 5,000
Total Contractual Services			\$ 40,632
Supplies			
Office Supplies			\$ 1,500
Other Supplies			\$ 3,500
Equipment Rental			\$ 6,500
Postage			\$ 1,500
Printing			\$ 2,500
Conferences/Seminars/Meetings			\$ 4,000
Travel/Mileage			\$ 3,000
Telecommunications			\$ 2,783
			\$ 25,283
Total Program Request			\$ 337,488



Original

Res. 18457

Section C: 2014 Original Program Budget
 Complete a separate program budget for each program your agency is applying for funding.

Agency Name: Samuel U. Rodgers Health Center

Program Name: Health Care for All

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
Director Community Relations (1FTE)	65000	100%	\$ 65,000
Breast Care Coordinator (1 FTE)	33097	100%	\$ 33,097
Community Health Education	61800	100%	\$ 61,800
Patient Care Coordinator (.5 FTE)	36292	50%	\$ 18,146
Patient Care Coordinator (.6 FTE)	17996	100%	\$ 17,996
Outreach Assistant (1 FTE)	39520	100%	\$ 39,520
Total Salaries			\$ 235,559
Total Fringe Benefits			\$ 56,534
Total Personal Services			\$ 292,093
Contractual Services			
Health Awareness and Promotions			\$ 13,459
Screening Supplies (Diabetes and Cholesterol Cassettes)			\$ 5,000
Community Health Education			\$ 5,000
Temporary Labor/PRN/Professional Services			\$ 2,000
Total Contractual Services			\$ 25,459
Supplies			
Office Supplies			\$ 1,500
Other Supplies			\$ 1,500
Equipment Rental			\$ 5,000
Postage			\$ 1,500
Printing			\$ 2,500
Conferences/Seminars/Meetings			\$ 2,836
Travel/Mileage			\$ 3,000
Telecommunications			\$ 2,100
			\$ 19,936
Total Program Request			\$ 337,488

RECEIVED
 DEC 19 2013
 JACKSON COUNTY
 AUDITORS OFFICE
 KANSAS CITY, MISSOURI

From: Nina Howard [<mailto:NHoward@rodgershealth.org>]
Sent: Thursday, March 20, 2014 11:39 AM
To: Auditor
Cc: Nina Howard
Subject: Revised budget for Jackson County 2014-request submitted on 03.20.2014.xlsx

Christy,

Please find attached the request to amend our 2014 Jackson County budget. Per our conversation, my Breast Care Coordinator has requested to be placed as a .5 FTE in the Jackson County grant as she would like to pursue her education. I have reallocated 50% of her salary within the existing line items. If this is approved, I will allow her to work PT in this grant; if not, she will reconsider her request. Just as an FYI, Samuel U. Rodgers has not received their signed contract as we are still waiting on our annual audit and 990 to submit.

Please let me know what my next steps should be.

Thank you in advance for your consideration.

Nina Howard

Director of Community Outreach

825 Euclid Avenue

Kansas City, MO 64124

Phone: (816) 889-4643

Fax: (816) 889-1888

Email: nhoward@rodgershealth.org



"Healthy People in a Healthy Community"

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