

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 20652

Sponsor(s): Jalen Anderson

Date: April 19, 2021

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Request to execute an agreement with Missouri Department of Health and Human Services to conduct food safety inspections.</p>															
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="318 556 1396 739"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td></td> <td>\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> <td>\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td></td> <td>\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td></td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> <td>\$</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: _____</p> <p>Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:		\$	Amount previously authorized this fiscal year:		\$	Total amount authorized after this legislative action:		\$	Amount budgeted for this item * (including transfers):		\$	Source of funding (name of fund) and account code number:		\$
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PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): 19481 5/9/17, 19836 4/19/18, 20136 4/15/19, 20443 6/15/20</p>															
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Deb Sees, Environmental Health Administrator, 816-847-7070</p>															
REQUEST SUMMARY	<p>We are requesting the Business Entity Certification be filled out and participation agreement for 2021 be signed to conduct food safety inspections for the summer food service program sponsored by Missouri department of health and senior services and the Federal Department of Agriculture. Under reimbursement requirements in the participation agreement we will complete inspections that will be reimbursed within the range of \$15 to \$125 for each inspection. This program provides a free nutritional meal for children at multiple sites within Eastern Jackson County. A second RLA will be done when the amount of reimbursement has been determined by the granting agency.</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>															
COMPLIANCE	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>															
ATTACHMENTS	<p>Participation Agreement, Business Entity Certification</p>															

REVIEW	Department Director: <i>Deb Sees</i>	Date: 4/5/21
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager: <i>Amy M. Schabo</i>	Date: <i>4-7-21</i>
	County Counselor's Office: <i>Bryan Lewis</i>	Date: <i>4/13/2021</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.