

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

~~Res~~ Ord No.: 5393

Sponsor(s): Jeanie Lauer

Date: August 31, 2020

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Updates to chapter 40 to include expedited enforcement of public health orders, 2 minor revisions regarding aquatic venues in compliance with the model aquatic code, and revision of fees.</p>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="349 525 1477 724"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$</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:</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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Amount budgeted for this item * (including transfers):	\$										
Source of funding (name of fund) and account code number:	\$										
PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): _____</p>										
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Deb Sees, Environmental Health Administrator, 816-847-7070</p>										
REQUEST SUMMARY	<p>Approval to update chapter 40 removing the director of public works and adding the Environmental Health Administrator to expedite enforcement, two small revisions to the aquatic venue code to be in compliance with the model aquatic code, and an update on the fee schedule for 2021 and 2023.</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>Chapter 40 revisions</p>										
REVIEW	<table border="1" data-bbox="332 1648 1567 1921"> <tr> <td>Department Director: <i>Deb Sees</i></td> <td>Date: 8/25/20</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td>Date:</td> </tr> <tr> <td>Division Manager: <i>N/A</i></td> <td>Date: 8/27/20</td> </tr> <tr> <td>County Counselor's Office: <i>Bryan Covinsky</i></td> <td>Date: 8/27/20</td> </tr> </table>	Department Director: <i>Deb Sees</i>	Date: 8/25/20	Finance (Budget Approval): <i>If applicable</i>	Date:	Division Manager: <i>N/A</i>	Date: 8/27/20	County Counselor's Office: <i>Bryan Covinsky</i>	Date: 8/27/20		
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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.