

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 4600

Sponsor(s): Theresa Garza Ruiz

Date: January 21, 2014

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Appropriating \$5,000 from the Undesignated Fund Balance Of the Health Fund For A Re-Allocation To Northeast Kansas City Chamber Of Commerce From The Unspent Funds From Their 2013 Contract.</u></p>											
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="315 573 1289 856"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$5,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$5,000</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$10,000</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 Fund 002-7766-56789</td> </tr> </table> <p>FROM: 002-2810 Undesignated Fund Balance TO: 002-7766-56789</p> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><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): Prior Year Actual Amount Spent (if applicable):</p>		Amount authorized by this legislation this fiscal year:	\$5,000	Amount previously authorized this fiscal year:	\$5,000	Total amount authorized after this legislative action:	\$10,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO:	Health Fund 002-7766-56789
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Source of funding (name of fund) and account code number; FROM/TO:	Health Fund 002-7766-56789											
PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date): Resolution 18359 1/6/2014, 18053 1/7/2013</p>											
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p>											
REQUEST SUMMARY	<p>Northeast Kansas City Chamber of Commerce did not spend the \$5,000 allocated in a 2013 contract. This ordinance would re-appropriate this amount from the fund balance of the Health Fund . 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) \$5,000 to 002-7766-56789 from the Undesignated Fund Balance (2810) in Fund 002.</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>Proposal Attached</p>											
REVIEW	<table border="1" data-bbox="302 1623 1533 1869"> <tr> <td>Department Director: <i>Gary B. A.</i></td> <td>Date: <i>1-9-14</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable Deborah J. Ball</i></td> <td>Date: <i>1-10-14</i></td> </tr> <tr> <td>Division Manager: <i>SJK</i></td> <td>Date: <i>1/16/14</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: <i>Gary B. A.</i>	Date: <i>1-9-14</i>	Finance (Budget Approval): <i>If applicable Deborah J. Ball</i>	Date: <i>1-10-14</i>	Division Manager: <i>SJK</i>	Date: <i>1/16/14</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.



OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
Section B: Agency's 2013 and 2014 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

C

Name: Northeast Kansas City Chamber of Commerce

Address: 6400 Independence Avenue, KCMO Zip Code: 64125

Phone No: 816-231-3312 Fax: 816-231-2101

Website Address: NEKCchamber.com

Federal Tax ID No: 43-1686139 Fiscal Year Cycle: January 1 thru December 31

Executive Director: Bobbi Baker-Hughes

Name and Title of Principal Contact Person: Jim Rice, Consultant

Phone No: 816-808-4710 Email Address: jim_rice@carter-rice.com

Submission of this request has been authorized by: Bobbi Baker Hughes

Date: 7-Jan-14

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Section B: Agency's 2013 and 2014 Revenue Information

Agency's 2014 Projected Revenue Information

Funding Entity	Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	COMBAT/Outside Agency	\$ 50,000	10
Other Counties		\$ -	0
City	CDBG	\$ 50,000	10
Charity/Donations	Foundation/Corporate/Stakeholders	\$ 300,000	60
Fundraisers	Events	\$ 5,000	1
Other	CID tax proceeds	\$ 95,000	19
2014 Total Projected Revenue		\$ 500,000	100

Agency's 2013 Revenue Information

Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Outside Agency	\$ 2,500	7
Other Counties		\$ -	0
City	Neighborhood Tourism Development Fund	\$ 5,000	14
Charity/Donations	CCF grant	\$ 12,000	32
Fundraisers	Events	\$ 4,000	11
Other (please list)	Membership dues	\$ 13,500	36
2013 Total Revenue		\$ 37,000	100

If your agency received funding from Jackson County in 2013, please identify the funding source; amount and program name below.

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 2,500	Healthy Business/Health R
2013 Total Jackson County Funding			\$ 2,500	

Did your agency receive funding or resources in 2013 from either of the following?

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

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Section B

Section C: 2014 Program Budget

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

Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Communities - Part 2

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
CEO	85,000	2%	\$ 1,500
Events Coordinator	15,000	10%	\$ 1,500
			\$ -
			\$ -
			\$ -
			\$ -
Total Fringe Benefits			\$ 3,000
			\$ -
Total Personal Services			\$ 3,000
Contractual Services			
Nutrition Consultant			\$ 600
Bus Rental/Lease			\$ 1,000
Driver Insurance			\$ 400
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 2,000
Supplies			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ -

Total Program Request \$

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5,000

Section D: 2014 Program Information

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

Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community - Part 2

Proposed Program

Detail functions to be performed by each program.

This program is a continuation of, and supplement to, the Healthy Businesses/Healthy Community initiative proposed for restaurant and food market corridors within the Northeast community of Jackson County. These food-related activities are concentrated on Independence Avenue, St. John Boulevard, and Lexington Avenue. The growth of this ethnic food service industry in the Northeast area reflects the burgeoning global economy in this historic Jackson County neighborhood. The native origins include Africa, Asia, South and Central America, Mexico, and the Caribbean Islands. Menus and food market inventories consist largely of fresh fruits, vegetables, fish and meats high in nutritional and health value. The restaurant and market proprietors' stories of often difficult migration to the United States, sometimes from war-ravished regions, also promote a healthier mental attitude among patrons about the increasingly rich diversity of the Northeast area. Meals are served along with tales of native cultures and traditions. To increase patronage of the ethnic restaurants and markets, and the subsequent improvement in healthier life styles and diet choices, the Northeast Kansas City Chamber of Commerce will sponsor a series of group tours to the Northeast's ethnic restaurants and markets. The tours will include presentations on the menus and cultures represented by the various ethnic venues. The tours will emphasize the added value of delicious--but unfamiliar--fruits, vegetables, fish and meats. Presentations will include Question and Answer time and selected recipes for home acquisition and preparation of the ethnic foods. The Healthy Businesses/Healthy Community program, along with the Chamber's corridor safety and cleanliness initiatives, combine to create a Jackson County neighborhood that promotes physically and mentally healthier business and residential community.

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Section D

Section D: 2014 Program Information

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

Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community - Part 2

Participants

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

Jackson, MO	37,000
Clay, Platte, Cass, MO	-
Wyandotte, Johnson, KS	-
Other Missouri	2,000

Target Population

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

The estimated 37,000 persons to be served represent the following demographics: White - 41.7%, African-American - 23.0%, Native American - .9%, Asian - 5.8%, Hispanic Origin - 41.5%. (Total includes persons of other races who also claim Hispanic origin.) AGE: 0-4 years - 10.7%, 5-19 years - 24.1%, 20-34 years - 22.8%, 35-64 years - 35.1%, ^5+ - 7.3%. POVERTY STATUS/% BELOW POVERTY LEVEL: All persons - 37.4%, White - 35%, African-American - 45.6%, Hispanic Origin - 41.4%, Elderly - 16.2%.

Would you provide these services to anyone at your door?

Answer Yes or No

Is anyone denied services?

Answer Yes or No

What level of indigents (below poverty level) do you serve? 37.4%

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

7.30%

37.40%

7.30%

What criteria do you have for the clients you serve?

Low-to-moderate income; start-up businesses, with emphasis on ethnic entrepreneurs; active participants in neighborhood organizations.

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Section D: 2014 Program Information

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Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community - Part 2

Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County, Kansas City: Truman Road to Missouri River, the Paseo to I-435. Areas of concentration: Independence Avenue Corridor, St. John Corridor.

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:

1. Any program with direct benefits will be by application. 2. Percentage of Jackson County residents served will be determined by % of budget provided by Jackson County. 3. These restrictions will be communicated to the Chamber's independent auditor. Outside agency grant will be a separate line item on revenue and expense statement. Board Administration and Finance Committee will review use of Jackson County funds quarterly.

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Section D

Section D: 2014 Program Information

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Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community - Part 2

Approach & Method

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

1. Introduce residents to diversity of delicious--yet healthy--ethnic foods concentrated in the Northeast area's commercial corridors.

2. By introducing residents to the ethnic restaurants and markets (through promotion, group transportation, and word-of-mouth, the restaurants and markets will prosper and help restore economic health to the community.

3. Through food, the most common human experience, residents and visitors will gain appreciation and respect for the rich ethnic and cultural diversity of the Northeast, thus increasing a healthy community pride.

Detail specific methods you will use to achieve these objectives.

1. Provision of group transportation. 2. Promotional materials which emphasize how the ethnic restaurants and markets add value to the Northeast living experience. Placement in local media that drives customers to the restaurants and markets and establishes the International Marketplace brand for Northeast. 3. Organizational consultant will monitor and evaluate program effectiveness. To provide additional legitimacy to the proposal's health enhancement claim, the organizational consultant will meet with nutrition specialists from area hospitals or universities.

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Section D

Section D: 2014 Program Information

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Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community - Part 2

Evaluation

%

Documentation of attendance based on group transportation events. Growth of business activity based on gross receipts at program start-up compared to six-month and one-year milestones after start-up. Number of media placements. Survey of residents conducted through the *Northeast News*. Special promotions such as attendance punch cards with discounts after fifth visit. A special customer evaluation form will be prepared to determine healthy life style implications of each food experience. Nutrition specialists will assist in preparation of the evaluation form.

Notification

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

1. Grant announcement/news conference 2. Reference to Jackson County in all printed and electronic materials related to the Outside Agency funding. 3. Reference to Jackson County in all media coverage related to the Outside Agency funding. Regular progress reports to Jackson County. Other suggestions from Jackson County staff.

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Section D

Section E: Summary of Jackson County Funding Request by Program

Agency Name: Northeast Kansas City Chamber of Commerce

Program Name: Healthy Businesses/Healthy Community **Amount**

1.		\$	5,000
2.		\$	-
3.		\$	-
Total Jackson County Funding Request for All Programs			\$ 5,000

Is there anything Jackson County can do to help your operation run more efficiently?
Continue the excellent cooperation and support experienced over the past decade.

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Supplemental Appropriation Request Jackson County, Missouri

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

Date: January 10, 2014

ORD # 4600

Department / Division	Character/Description	From	To
Health Fund - 002			
2810	Undesignated Fund Balance	5,000	
7766 - NE KC Chamber of Commerce	56789 - Outside Agency Funding		5,000
		5,000	5,000

Sharon L Ball 1-10-14
Budgeting