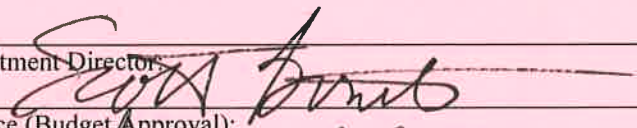
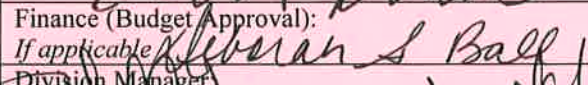
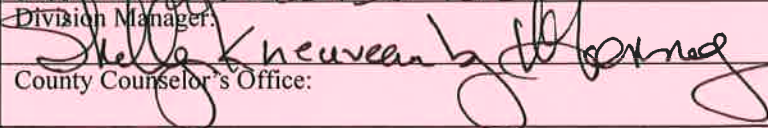
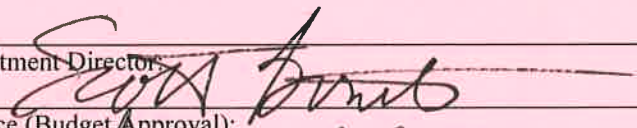
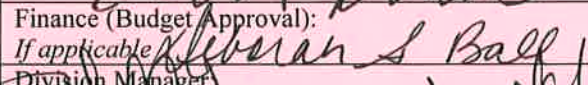
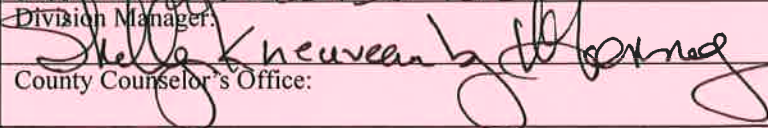
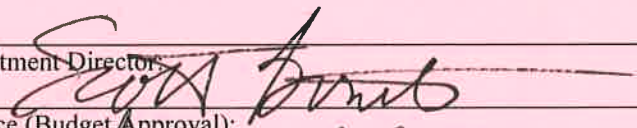
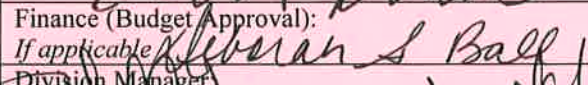
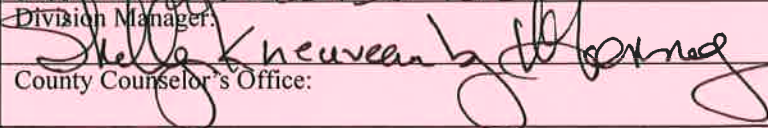


REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18642
 Sponsor(s): Scott Burnett
 Date: October 27, 2014

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: <u>A resolution authorizing a transfer within the Health fund for future use by the Jackson County Housing Resources Commission.</u>															
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="310 527 1511 905"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$75,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number;</td> <td></td> </tr> <tr> <td>FROM: 002-8005-56830 – Health Fund, Non-mandated contingency</td> <td style="text-align: right; vertical-align: bottom;">75,000</td> </tr> <tr> <td>TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding</td> <td style="text-align: right; vertical-align: bottom;">75,000</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$691,500 in 002 Contingency Fund</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: \$ _____ Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____		Amount authorized by this legislation this fiscal year:	\$75,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$75,000	Amount budgeted for this item * (including transfers):	\$75,000	Source of funding (name of fund) and account code number;		FROM: 002-8005-56830 – Health Fund, Non-mandated contingency	75,000	TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding	75,000
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Source of funding (name of fund) and account code number;																
FROM: 002-8005-56830 – Health Fund, Non-mandated contingency	75,000															
TO: 002-5102-56789 – Health Fund, Non departmental, Outside Agency funding	75,000															
PRIOR LEGISLATION	Prior ordinances and (date): N/A Prior resolutions and (date): N/A															
CONTACT INFORMATION	Beth Brubaker at 881-3076															
REQUEST SUMMARY	This is a request to authorize a transfer in the amount of \$75,000 within the Health Fund for future projects approved by the Jackson County Housing Resources Commission.															
CLEARANCE	<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)															
ATTACHMENTS																
REVIEW	<table border="1" data-bbox="293 1619 1531 1864"> <tr> <td>Department Director: </td> <td>Date:</td> </tr> <tr> <td>Finance (Budget Approval): If applicable: Division Manager: </td> <td>Date: 10-21-14</td> </tr> <tr> <td></td> <td>Date: 10-23-2014</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: 	Date:	Finance (Budget Approval): If applicable: Division Manager: 	Date: 10-21-14		Date: 10-23-2014	County Counselor's Office:	Date:						
Department Director: 	Date:															
Finance (Budget Approval): If applicable: Division Manager: 	Date: 10-21-14															
	Date: 10-23-2014															
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: October 16, 2014

ORD # 18642

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
Health fund - 002			
8005 - Non-Mandated Contingency	56830 - Contingency	75,000	
5102 - Non Departmental	56789 - Outside Agency Funding		75,000
		75,000	75,000

This expenditure was included in the Annual Budget.

PC# _____

Date: October 16, 2014

ORD/RES #

<u>Department / Division</u>	<u>Character/Description</u>	<u>Not to Exceed</u>
Health Fund - 002		
5102 - Non Departmental	56789 - Outside Agency Funding	75,000

Alexander S Ball 10-21-14
Budgeting