

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res. Ord. No.: 19262

Sponsor(s): Alfred Jordan

Date: September 26, 2016

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: <u>Resolution requesting a no cost extension of the 2013 JAG Grant.</u>																			
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="316 529 1198 814"> <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; FROM / TO</td> <td>FROM ACCT</td> <td></td> </tr> <tr> <td></td> <td>TO ACCT</td> <td></td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> OTHER FINANCIAL INFORMATION: <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): _____		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; FROM / TO	FROM ACCT			TO ACCT	
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PRIOR LEGISLATION	Prior ordinances and (date): <u>4582 10/13</u> Prior resolutions and (date): _____																			
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Gina Robinson, Chief of Operations 881-3369																			
REQUEST SUMMARY	Requesting a Resolution authorizing a 1 year no cost extension of the 2013 JAG Grant awarded by the US Department of Justice. This extension will continue to provide funding for salary and benefits for drug court employees through the expiration date of September 30, 2017. A copy of the Grant Adjustment Notice authorizing this extension is attached.																			
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	GAN Notice																			
REVIEW	<table border="1" data-bbox="305 1709 1523 1948"> <tr> <td>Department Director:</td> <td><i>Juan Peters Baker</i></td> <td>Date: <i>9/14/16</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td><i>Sueal Matthee</i></td> <td>Date: <i>9/16/16</i></td> </tr> <tr> <td>Division Manager:</td> <td><i>Mary Jo Brown</i></td> <td>Date: <i>9/21/16</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td></td> <td>Date: _____</td> </tr> </table>		Department Director:	<i>Juan Peters Baker</i>	Date: <i>9/14/16</i>	Finance (Budget Approval): <i>If applicable</i>	<i>Sueal Matthee</i>	Date: <i>9/16/16</i>	Division Manager:	<i>Mary Jo Brown</i>	Date: <i>9/21/16</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.



US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

Grantee Information

Grantee Name: Jackson County	Project Period: 10/01/2012 - 09/30/2017	GAN Number: 006
Grantee Address: 415 EAST 12TH Street KANSAS CITY, 64106	Program Office: BJA	Date: 08/26/2016
Grantee DUNS Number: 07-313-4868	Grant Manager: Veronica Munson	
Grantee EIN: 44-6000524	Application Number(s): 2013-H5063-MO-DJ	
Vendor #: 446000526	Award Number: 2013-DJ-BX-0305	
Project Title: Greater Kansas City Crime Prevention Initiatives	Award Amount: \$538,405.00	

Change Project Period

Current Grant Period:	Month: 47 Day:	New Grant Period:	Month: 59 Day:
	29		29
Project Start Date:	10/01/2012	*New Project Start Date:	10/01/2012
Project End Date:	09/30/2016	*New Project End Date:	09/30/2017

***Required Justification for Change Project Period:**

Jackson County is requesting a one year no cost extension to expand drug court positions through 9/30/17. Please see the attached letter for further explanation.

Attachments:

Filename:	User:	Timestamp:
2013 JAG Grant Extention explanation.pdf	cipolla	08/09/2016 10:55 AM

Print

Audit Trail:

Description:	Role:	User:	Timestamp:
Approved-Final	OCFMD - Financial Analyst	SYSTEM_USER	08/26/2016 12:00 PM
Submitted	PO - Grant Manager	cipolla	08/09/2016 11:03 AM
Draft	EXTERNAL - External User	cipolla	08/09/2016 10:55 AM