

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 20142

Sponsor(s): Charlie Franklin

Date: April 15, 2019

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Authorizing a month to month lease between Truman Medical Center, Inc. and Jackson County for the leasing of 950 East 21st Street Kansas City Missouri. the current location of the County Medical Examiner</u></p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$1</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$1</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number: From: 002-2001-56790 Other Contractual Services.</td> <td>FROM ACCT \$1.00</td> </tr> <tr> <td>To: Truman Medical Center, Inc.</td> <td>TO ACCT \$1.00</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 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:	\$1	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$1	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number: From: 002-2001-56790 Other Contractual Services.	FROM ACCT \$1.00	To: Truman Medical Center, Inc.	TO ACCT \$1.00
Amount authorized by this legislation this fiscal year:	\$1												
Amount previously authorized this fiscal year:	\$0												
Total amount authorized after this legislative action:	\$1												
Amount budgeted for this item * (including transfers):	\$0												
Source of funding (name of fund) and account code number: From: 002-2001-56790 Other Contractual Services.	FROM ACCT \$1.00												
To: Truman Medical Center, Inc.	TO ACCT \$1.00												
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date):</p>												
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Ashley Burke, Executive Assistant, 816-881-3449</p>												
<p>REQUEST SUMMARY</p>	<p>Authorizing the month by month lease of 950 East 21st Street, Kansas City Mo. the current Medical Examiner's office, from Truman Medical Center to Jackson County at the cost of \$1.00 annually, payable on July 1.</p>												
<p>CLEARANCE</p>	<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>												
<p>ATTACHMENTS</p>	<p>Lease agreement between Truman Medical Center, Inc. and Jackson County</p>												

REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager:	Date: 4/5/19
	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.

