







REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19460

Sponsor(s): Crystal Williams, Theresa Galvin

Date: April 24, 2017

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Authorizing extension of current cooperative agreement through June 30, 2017 with Clay County, Missouri and authorizing agreement with Clay County, Missouri beginning July 1, 2017 through June 30, 2018 for funds payable to Jackson County.</p>										
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">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; FROM / TO</td> <td>Health Fund</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:		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	Health Fund
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): Res. 18999 dated Jan. 25, 2016</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Kandi Brooke / Administrative Supervisor / 881-6595</p>										
<p>REQUEST SUMMARY</p>	<p>The JCMEO is requesting resolution to extent cooperative agreement with Clay County, Missouri for Medical Examiner services through June 30, 2017 for compensation in the amount of \$ 138,026.40 and services from July 1, 2017 through June 30, 2018 compensation payable to Jackson County in the amount of \$306,028.80</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>REVIEW</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Department Director: </td> <td style="width: 30%;">Date: 04/13/2017</td> </tr> <tr> <td>Finance (Budget Approval) If applicable</td> <td>Date:</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 4-14-17</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: 	Date: 04/13/2017	Finance (Budget Approval) If applicable	Date:	Division Manager: 	Date: 4-14-17	County Counselor's Office:	Date:		
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County Counselor's Office:	Date:										

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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.