

REQUEST FOR LEGISLATIVE ACTION
EXECUTIVE OFFICE

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 20221

Sponsor(s): Charlie Franklin

Date: August 12, 2019

AUG 06 2019

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: Resolution requesting the execution of an agreement with the Missouri Department of Health and Senior Services to conduct child care inspections.										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width: 100%;"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$</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 style="text-align: right;">\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td style="text-align: right;">\$</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:	\$
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Amount budgeted for this item * (including transfers):	\$										
Source of funding (name of fund) and account code number:	\$										
PRIOR LEGISLATION	Prior ordinances and (date): <u>None</u> Prior resolutions and (date): None										
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Deb Sees, Environmental Health Administrator, 816-847-7070										
REQUEST SUMMARY	Requesting the Business Entity Certification be filled out and the participation agreement be signed to conduct child care inspections for the Missouri Department of Health and Senior Services from October 1 st 2019 to September 30 th 2022. Under reimbursement requirements we will complete inspections that will be reimbursed within the range of \$25 to \$120 for each inspection. An RLA will be completed when payments have been dispersed by Missouri Department of Health and Senior Services.										
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)										
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals										
ATTACHMENTS	Participation Agreement, Business Entity Status Form, Business Entity certification, Affidavit of work authorization.										
REVIEW	<table border="1" style="width: 100%;"> <tr> <td>Department Director: <i>Deb Sees</i></td> <td>Date: <i>8/6/19</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>[Signature]</i> <i>If applicable</i></td> <td>Date: <i>8/6/19</i></td> </tr> <tr> <td>Division Manager: <i>[Signature]</i></td> <td>Date: <i>8-6-19</i></td> </tr> <tr> <td>County Counselor's Office: <i>Bryan Conroy</i></td> <td>Date: <i>8/8/19</i></td> </tr> </table>	Department Director: <i>Deb Sees</i>	Date: <i>8/6/19</i>	Finance (Budget Approval): <i>[Signature]</i> <i>If applicable</i>	Date: <i>8/6/19</i>	Division Manager: <i>[Signature]</i>	Date: <i>8-6-19</i>	County Counselor's Office: <i>Bryan Conroy</i>	Date: <i>8/8/19</i>		
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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.