



# Jackson County Missouri

Jackson County Courthouse  
415 E. 12th Street, 2nd floor  
Kansas City, Missouri  
64106  
(816)881-3242

## Request for Legislative Action

---

**File #: 25-610, Version: 0**

---

**REQUESTED MEETING DATE:** Select Date

**SPONSORS:**

**Sean E. Smith**

Choose Sponsor #2.

Choose Sponsor #3.

Choose Sponsor #4.

Choose Sponsor #5.

Choose Sponsor #6.

Choose Sponsor #7.

Choose Sponsor #8.

Choose Sponsor #9.

*To be confirmed by County Counselor's Office:*

**STAFF CONTACT:** Whitney Miller

**PHONE:** 816-881-3150

**EMAIL:** Enter Email Address

**DEPARTMENT:** Counselors Office

**TITLE:** A RESOLUTION expressing the intent of the Legislature to authorize the County Executive to execute Cooperative Agreements with certain outside agencies that provide public services to citizens of Jackson County, at an aggregate cost to the County not to exceed \$15,000,000.00.

**SUMMARY:** WHEREAS, the American Rescue Plan Act (ARPA) of 2021, enacted by the U.S. Congress, provided financial support to local governments responding to the public health and economic impacts of the COVID-19 pandemic; and, WHEREAS, Jackson County received a total allocation of \$136,551,645.00 in ARPA funds and, WHEREAS, ARPA funds were obligated by December 31, 2024, and will be fully expended by December 31, 2026, with strict adherence to federal requirements for eligibility; and, WHEREAS, it is a priority of the County Legislature and the County Executive that agencies receive well-deserved funding as expeditiously as possible; and, WHEREAS, upon review of applicants, it is the intent of the Legislature to authorize the County Executive to award funding to the following agencies: **AGENCY**

**AMOUNT** TOTAL \$15,000,000 now therefore, BE IT RESOLVED that the County Executive be and hereby is authorized to execute Cooperative Agreements with the specified agencies, in the respective amount indicated, in forms to be approved by the County Counselor; and, BE IT FURTHER RESOLVED that the Director of Finance and Purchasing be and hereby is authorized to make all payments, including final payment on the agreements.

**FINANCIAL IMPACT:****NO** ☐

Amount	Fund	Department	Line-Item Detail

**YES** ☐**ACTION NEEDED:** Choose an item.**ATTACHMENTS:**

Click or tap here to enter text.