

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19381

Sponsor(s): Greg Grounds

Date: February 6, 2017

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>2017 Outside Agency Funding Request Adopted By The Legislature Per Outside Agency Funding Proposal: Need For Agenda Of February 6, 2017</u></p>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="324 529 1295 751"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$258,000</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>\$258,000</td> </tr> <tr> <td>Amount budgeted for this item *(including transfers):</td> <td>\$258,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO</td> <td>Health & Park Funds 002-8001-6789 & 003-8001-6789</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)</p> <p><input type="checkbox"/> Term and Supply Contract (funds approved in 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:	\$258,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$258,000	Amount budgeted for this item *(including transfers):	\$258,000	Source of funding (name of fund) and account code number; FROM/TO	Health & Park Funds 002-8001-6789 & 003-8001-6789
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date): Resolution # 19044 1/19/2016</p>										
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Sr. Asst. Auditor 881-3312</p>										
REQUEST SUMMARY	<p>Please draft the below agency contract. Request should be drafted and held by the Counselor's Office while awaiting compliance with Executive Order 04-18.</p> <p>1). University of Missouri Extension Council – Jackson County \$138,038 002-8001-6789 Health Fund</p> <p>2). University of Missouri Extension Council – Jackson County \$119,962 003-8001-6789 Park Fund</p> <p style="text-align: center;">Total = \$258,000</p>										
CLEARANCE	<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>										
ATTACHMENTS											
REVIEW	<table border="1" data-bbox="315 1680 1536 1915"> <tr> <td>Department Director: <i>Christy Woodruff</i></td> <td>Date: <i>1/26/2017</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>Mary Rasmussen</i> <i>If applicable</i></td> <td>Date: <i>1/27/17</i></td> </tr> <tr> <td>Division Manager: <i>N/A</i></td> <td>Date:</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: <i>Christy Woodruff</i>	Date: <i>1/26/2017</i>	Finance (Budget Approval): <i>Mary Rasmussen</i> <i>If applicable</i>	Date: <i>1/27/17</i>	Division Manager: <i>N/A</i>	Date:	County Counselor's Office:	Date:		
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Division Manager: <i>N/A</i>	Date:										
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.

Fiscal Note:

This expenditure was included in the Annual Budget.

PC# _____

Date: January 27, 2017

RES # 19381

<u>Department / Division</u>	<u>Character/Description</u>	<u>Not to Exceed</u>
Health Fund - 002		
8001 - JC Extension Center	56789 - Outside Agencies	\$ 138,038
Park Fund - 003		
8001 - JC Extension Center	56789 - Outside Agencies	119,962
		<u>\$ 258,000</u>

Mary Rasmussen
Budgeting