

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18943

Sponsor(s): Theresa Galvin

Date: September 28, 2015

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: A Resolution authorizing the Director of Finance and Purchasing to enter into an agreement with River of Refuge to be used for funding operations. This will require a transfer within the 2015 Health Fund.											
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="310 579 1419 894"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$25,000</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>\$25,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$25,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td> Health Contingency Fund 002-8005-56830 TO: Health Fund – Non Departmental 002-5102- 56789 </td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</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>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>		Amount authorized by this legislation this fiscal year:	\$25,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$25,000	Amount budgeted for this item * (including transfers):	\$25,000	Source of funding (name of fund) and account code number; FROM / TO	Health Contingency Fund 002-8005-56830 TO: Health Fund – Non Departmental 002-5102- 56789
Amount authorized by this legislation this fiscal year:	\$25,000											
Amount previously authorized this fiscal year:	\$0											
Total amount authorized after this legislative action:	\$25,000											
Amount budgeted for this item * (including transfers):	\$25,000											
Source of funding (name of fund) and account code number; FROM / TO	Health Contingency Fund 002-8005-56830 TO: Health Fund – Non Departmental 002-5102- 56789											
PRIOR LEGISLATION	Prior ordinances and (date): Prior resolutions and (date): 17534 3/7/2011 , 17796 1/23/2012											
CONTACT INFORMATION	RLA drafted by Auditor's Office 816-881-3310											
REQUEST SUMMARY	Entering into an agreement with River of Refuge for funding of operations.											
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)											
ATTACHMENTS	<i>Agency Proposal</i>											
REVIEW	<table border="1" data-bbox="302 1719 1520 1936"> <tr> <td>Department Director: <i>Clissy Wooderson</i></td> <td>Date: <i>9.23.2015</i></td> </tr> <tr> <td>Finance (Budget Approval) <i>[Signature]</i> <i>If applicable</i></td> <td>Date: <i>9/23/2015</i></td> </tr> <tr> <td>Division Manager: <i>Mary Lou Brown</i></td> <td>Date: <i>9/23/15</i></td> </tr> <tr> <td>County Counselor's Office: <i>[Signature]</i></td> <td>Date: <i>[Signature]</i></td> </tr> </table>		Department Director: <i>Clissy Wooderson</i>	Date: <i>9.23.2015</i>	Finance (Budget Approval) <i>[Signature]</i> <i>If applicable</i>	Date: <i>9/23/2015</i>	Division Manager: <i>Mary Lou Brown</i>	Date: <i>9/23/15</i>	County Counselor's Office: <i>[Signature]</i>	Date: <i>[Signature]</i>		
Department Director: <i>Clissy Wooderson</i>	Date: <i>9.23.2015</i>											
Finance (Budget Approval) <i>[Signature]</i> <i>If applicable</i>	Date: <i>9/23/2015</i>											
Division Manager: <i>Mary Lou Brown</i>	Date: <i>9/23/15</i>											
County Counselor's Office: <i>[Signature]</i>	Date: <i>[Signature]</i>											

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: Jackson County, Missouri

Funds sufficient for this transfer are available from the sources indicated below.

Date: September 23, 2015 PC# _____

RES # 18943

Department / Division	Character/Description	From	To
Health Fund - 002			
8005 - Contingency	6830 - Contingency Fund	25,000	
5102 - Non Departmental Health	56789 - Outside Agency		25,000
		25,000	25,000

Mary Rasmussen
Budgeting



OUTSIDE AGENCY FUNDING REQUEST FORM 2015 BUDGET

415 E 12th Street, 2nd Floor
 Kansas City, MO 64106
 Email: auditor@jacksongov.org

Section A: Organization or Agency Information page 1
 Section B: Agency's 2014 and 2015 Revenue Information page 2
 Section C: Jackson County Program Budget Request page 3
 Section D: Program Information pages 4 - 8

Section A: Organization or Agency Information

Name:	River of Refuge		
Address:	5155 Raytown Road, # 101 Kansas City MO	Zip Code:	64133
Phone No:	(816) 737-5100	Fax:	(816) 356-0134
Website Address:	www.riverofrefuge.com		
Federal Tax ID No:	27-0280023	Fiscal Year Cycle:	01/01/2015-12/31/2015
Executive Director/President:	Ronald King, C.O.O.		
Phone No:	(816) 737-5100	Email:	ron@rivercentral.org
Name/Title of Principal Contact Person:	Jacki Ezell, Family Assistance & Information Coordinator		
Phone No:	(816) 737-5100	Email:	jacki@riverofrefuge.com

Section B Agency's 2014 and 2015 Revenue Information

Agency's 2015 Projected Revenue Information

Funding Entity	Source You Will Request 2015 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State	MO Housing Development Corp(AHAP Tax Credit \$ equivalent)	\$ 122,737	37
Jackson County		\$ -	0
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Private Donations	\$ 27,350	8
Fundraisers	Fundraising Events	\$ 129,500	39
Other	Grants, rental Income	\$ 50,000	15
2015 Total Projected Revenue		\$ 329,587	

Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ -	0
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Private Donations	\$ 235,201	75
Fundraisers	Fundraising Events	\$ 71,558	23
Other (please list)	Grants, Rental Income	\$ 5,700	2
2014 Total Revenue		\$ 312,459	

Please identify the Jackson County source(s) your agency received funding from in 2014

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
2014 Total Jackson County Funding			\$ -	

**Did your agency receive funding or resources in 2014 from either of the following?
If so, in what way did you participate? If not, why?**

Mid America Regional Council	\$ -
MAAC Link	\$ -
Harvesters	\$ -

Section C
2015 Jackson County Program Budget Request
complete a separate program budget for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # **of**

Personal Services			
attach job description or duties for NEW salary requests only			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
Background Checks			\$ 1,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 1,000
Supplies			
Household Items (linens, cookware, bath items, etc)			\$ 21,750
Cleaning Supplies			\$ 1,000
Drug Testing Kits			\$ 1,250
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 24,000

Total Jackson County Program Budget Request \$ 25,000

Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # 1 of 1

Proposed Program Cost	
What is the total cost to run your program regardless of the Jackson County funding you are requesting?	
Total Program Cost	\$ 25,000
Proposed Program	
Detail functions to be performed - limit your response to the space provided	
<p>Through our Transitional Housing Program, participants receive free room and board as long as the adults maintain full-time employment, save a pre-determined percentage of their earnings, and adhere to program rules. Each family receives case management tailored to their individual needs, addressing barriers to becoming stably housed. We provide them the tools needed to successfully reach their goals which includes (but not limited to) financial coaching / budgeting, life skills, and parenting classes.</p> <p>For participants that complete the program, we assist them in finding suitable housing, maintain contact with regular follow-up interviews, and, if needed, offer additional resources through our Family Assistance program for up to one (1) year post-graduation.</p>	

Section D 2015 Program Information

Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # 1 **of** 1

Participants	
Identify the number of participants that each program serves	
# served with this program	150
Of the # served with this program, how many are from:	
Jackson County	150
Other Counties	-
Target Population	
Describe target population and demographics to be served by each program	
Working-poor families who are homeless in Jackson County, Missouri, especially those living in pay-by-the-week motels.	
Estimate of your cost per participant: \$1,630.00	
What criteria do you have for the participants you serve? Program eligibility requires that participants have full-time employment, children under 18 living in the household, be at or below 150% of Federal Poverty Guidelines, be drug-free, pass a background check, and follow program rules.	
Do you keep a list of participants for each program? Yes	
Would you provide these services to anyone at your door? Yes	
Is anyone denied services? Yes, if they do not meet eligibility criteria.	
Please classify your program from the following types by % of your agency's overall services:	
Seniors Program:	
Indigent Program (Below Poverty Level): 100% must be at/below 150% of Federal Poverty Guidelines	
Indigent Senior Program:	

Section D
2015 Program Information

Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # 1 of 1

Service Delivery Area
Identify your specific geographic service delivery area for each program
Jackson County, Missouri
Fund Separation
Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents
Our program requires applicants be residents of Jackson County, Missouri with minor children enrolled in a school district within the county.

Section D
2015 Program Information

Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # 1 of 1

Approach & Method
List the top three (3) objectives for each program
1. Complete construction of Phase I living units by December 31, 2015
2. Hire staff to complete program development to be able to place first eleven families in 1st quarter 2016.
3. Pre-quality applicants
Detail specific methods you will use to achieve these objectives
Background check and drug screening.

Section D 2015 Program Information

Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: River of Refuge

Program Name: Transitional Housing

Program Request # 1 of 1

Evaluation

How can the success of each program be evaluated? Indicate performance measures or statistics you will use to demonstrate the success of each program

Once construction is completed, and families have been screened and placed, a case manager(s) will work with the family to determine their individual plan, goals, and expectations. The case manager meet regularly with each to access their progress based on a point-system.

Notification

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

We will publicize Jackson County's generosity in our newsletter and/or on our website.