

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** authorizing the County Executive to execute a cooperative agreement with the Southern Christian Leadership Conference for partial funding of the 2012 Martin Luther King Birthday Celebration at a cost to the County not to exceed \$60,000.00.

**RESOLUTION #17751**, November 28, 2011

**INTRODUCED BY** James D. Tindall, County Legislator

WHEREAS, the County and the Southern Christian Leadership Conference (SCLC) desire to enter into an agreement whereunder the County will pay \$60,000.00 to the SCLC to be used by SCLC for partial funding of the 2012 Martin Luther King Birthday Celebration; and,


WHEREAS, the celebration for 2012 will include a program designed to educate all attendees on the dangers of illegal drug use and to promote public health; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the County Executive is hereby authorized to execute a cooperative agreement with SCLC, at a cost to the County not to exceed \$60,000.00, in a form to be approved by the County Counselor; and,

BE IT FURTHER RESOLVED that the Director of Finance and Purchasing is authorized to make all payments, including final payment on the agreement, to the extent that sufficient appropriations to the using spending agency are contained in the then current Jackson County budget.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Chief Deputy County Counselor

  
\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution #17751 of November 28, 2011, was duly passed on December 6, 2011 by the Jackson County Legislature. The votes thereon were as follows:


Yeas 5

Nays 2

Abstaining 0


Absent 2

12.6.11  
Date

  
\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

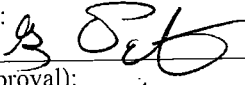
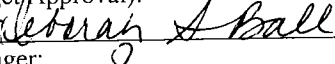
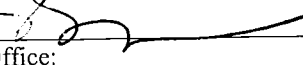
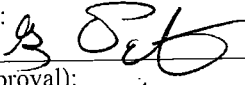
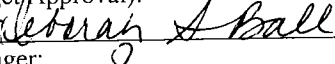
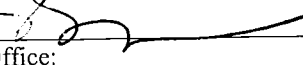
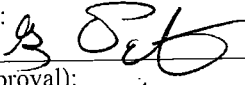
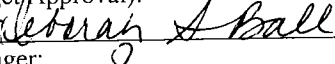
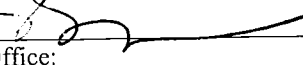
Funds sufficient for this expenditure are subject to appropriation in the 2012 annual budget.

November 28, 2011  
Date

  
\_\_\_\_\_  
Director of Finance and Purchasing

# REQUEST FOR LEGISLATIVE ACTION

Res/~~Ord~~ No.: 17751  
 Sponsor(s): James D. Tindall  
 Date: November 28, 2011

SUBJECT	Action Requested: <b>Need For Agenda of November 28, 2011</b>  <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance  Project/Title: <u>2012 Outside Agency Funding Requests Awarded By The Legislature Per Outside Agency Proposal. Martin Luther King Celebration through Southern Christian Leadership Conference.</u>													
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="337 583 1214 781"> <tr> <td>Amount authorized by this legislation:</td> <td>\$60,000</td> </tr> <tr> <td>Amount previously authorized:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$60,000</td> </tr> <tr> <td>Amount budgeted:</td> <td>\$60,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number</td> <td></td> </tr> </table> <input type="checkbox"/> No budget impact (no fiscal note required)  Prior Year Budget (if applicable): 60,000 Prior Year Actual Amount Spent (if applicable): 60,000		Amount authorized by this legislation:	\$60,000	Amount previously authorized:	\$0	Total amount authorized after this legislative action:	\$60,000	Amount budgeted:	\$60,000	Source of funding (name of fund) and account code number			
Amount authorized by this legislation:	\$60,000													
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Total amount authorized after this legislative action:	\$60,000													
Amount budgeted:	\$60,000													
Source of funding (name of fund) and account code number														
PRIOR LEGISLATION	Prior ordinances and (date):  Prior resolutions and (date): Resolution # 17424 11/29/2010													
CONTACT INFORMATION	RLA drafted by (name and title): Cindy Wallace – Audit Assistant Phone: 881-3312													
REQUEST SUMMARY	Please draft the below outside agency contract: Request should be drafted and held by the Counselor's Office while awaiting compliance with Executive Order 04-18.  Southern Christian Leadership Conference #008-5014-6789 \$60,000 (Anti-Drug Fund)  <b>This is subject to the appropriation in the 2012 budget.</b>  <p style="text-align: center;">*****Please verify that agency information in contract is current*****</p>													
ATTACHMENTS	proposal													
REVIEW	<table border="1" data-bbox="337 1638 1263 1885"> <tr> <td>Department Director:</td> <td></td> <td>Date:</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td></td> <td>Date: 11-22-11</td> </tr> <tr> <td>Division Manager:</td> <td></td> <td>Date: 11/22/11</td> </tr> <tr> <td>County Counselor's Office:</td> <td></td> <td>Date:</td> </tr> </table>		Department Director:		Date:	Finance (Budget Approval): <i>If applicable</i>		Date: 11-22-11	Division Manager:		Date: 11/22/11	County Counselor's Office:		Date:
Department Director:		Date:												
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Division Manager:		Date: 11/22/11												
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.
- Funds sufficient for this expenditure are subject to appropriation in the 2012 annual budget.



# OUTSIDE AGENCY FUNDING REQUEST FORM 2012 BUDGET

415 E 12th Street, 2nd Floor  
Kansas City, MO 64106

Email: [auditor@jacksongov.org](mailto:auditor@jacksongov.org)

Section A: Organization or Agency Information . . . . .	page 1
Section B: Agency's 2011 and 2012 Revenue Information . . . . .	page 2
Section C: Individual Program Budget . . . . .	page 3
Section D: Program Information . . . . .	pages 4 - 8
Section E: Summary of Request by Program . . . . .	page 9

## Section A: Organization or Agency Information

Name:	Southern Christian Leadership Conference of Greater Kansas City		
Address:	1216 Brooklyn Avenue - Kansas City, MO 64127		
Phone No:	816-241-8100	Fax:	816-241-1455
Website Address:	<a href="http://www.sclckc.org">www.sclckc.org</a>		
Federal Tax ID No:	43-1389572	Fiscal Year Cycle:	Jan. 1, 2012 - Dec. 31, 2012
Executive Director:	Rev. Nelson "Fuzzy" Thompson		
Name and Title of Principal Contact Person:	Mrs. Arlana Coleman, Program Coordinator		
Phone No:	913-522-7526	Email Address:	<a href="mailto:ajoy@kc.rr.com">ajoy@kc.rr.com</a>
Submittal of this request has been authorized by:	Rev. Nelson "Fuzzy" Thompson		
Date:	16-Sep-11		

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 JACKSON COUNTY  
 AUDITOR'S OFFICE  
 KANSAS CITY, MISSOURI  
 Section A

## Section B: Agency's 2011 and 2012 Revenue Information

### Agency's 2012 Projected Revenue Information

Funding Entity	Agency's 2012 Total Projected Revenue Source You Will Request 2012 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 60,000	29
Other Counties		\$ -	0
City		\$ 20,000	10
Charity/Donations		\$ 75,000	36
Fundraisers		\$ 5,000	2
Other		\$ 50,000	24
<b>2012 Total Projected Revenue</b>		<b>\$ 210,000</b>	

### Agency's 2011 Revenue Information

Funding Entity	Agency's 2011 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County		\$ 60,000	29
Other Counties		\$ -	0
City		\$ 20,000	10
Charity/Donations		\$ 75,000	36
Fundraisers		\$ 5,000	2
Other (please list)		\$ 50,000	24
<b>2011 Total Revenue</b>		<b>\$ 210,000</b>	

**If your agency received funding from Jackson County in 2011,  
please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 15,000	Artist Tribute
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 35,000	Community Luncheon
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	Interfaith Service
<b>2011 Total Jackson County Funding</b>			<b>\$ 60,000</b>	

Did your agency receive funding or resources in 2011 from either of the following?

Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	

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## Section D: 2012 Program Information

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

Agency Name: Southern Christian Leadership Conference of KC

Program Name: Community Luncheon

### Proposed Program

Detail functions to be performed by each program.

Event to promote unity in the community. Special emphasis on young people - college/youth organization - church groups and positive community organizations. Passing the torch, accepting the mantel, encouraging them to dream; "Creating A Beloved Community".

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Pg 1

Section D

## Section D: 2012 Program Information

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

Agency Name: Southern Christian Leadership Conference of KC

Program Name: Community Luncheon

### Proposed Program

Detail functions to be performed by each program.

Event to promote unity in the community. Special emphasis on young people - college/youth organization - church groups and positive community organizations. Passing the torch, accepting the mantel, encouraging them to dream; "Creating A Beloved Community".

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KANSAS CITY, MISSOURI

Section D



## Section D: 2012 Program Information

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

**Agency Name:** Southern Christian Leadership Conference of KC

**Program Name:** Community Luncheon

### Participants

Identify the number of participants by County that each program serves.

Jackson, MO		400
Clay, Platte, Cass, MO		
Wyandotte, Johnson, KS		100
Other Missouri		

### Target Population

Describe target population and demographics to be served by each program.

Youth / Young Adults / Adults - Metropolitan Kansas City and surrounding communities

Would you provide these services to anyone at your door?

Answer Yes or No

Is anyone denied services?

Answer Yes or No

What level of indigents 40%

Please classify your program from the following types by percentage of your agency's overall service

Senior Program

% 20

Indigent Program (Below Poverty Level)

% 40

Senior Indigent Program

% 20

What criteria do you have for the clients you serve?

Registration and an expressed interest in the programs.

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COUNTY OFFICE  
KANSAS CITY, MISSOURI

## Section D: 2012 Program Information

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

Agency Name: Southern Christian Leadership Conference of KC

Program Name: Community Luncheon

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County - Kansas City, MO Metropolitan area.

### 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.

Institutions to be invited.

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P.3

## Section D: 2012 Program Information

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

Agency Name: Southern Christian Leadership Conference of KC

Program Name: Community Luncheon

### Approach & Method

List the top three (3) objectives for each program.

1. Youth / Young Adult Involvement

2. Community Involvement and education

3. Emphasis on Unity

Detail specific methods you will use to achieve these objectives.

Mailing to youth organizations - canvassing, contacting schools and organizations - newspapers - magazines and of course Television.

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NURSING OFFICE  
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— P 4

## Section D: 2012 Program Information

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

Agency Name: Southern Christian Leadership Conference of KC

Program Name: Community Luncheon

### 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.

Goal of 500 number of youth / young adults / adults

### 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)

Display of county logo on all publications - Radio Ads - Newspaper Ads - Promotions on all materials

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KANAS CITY, MISSOURI

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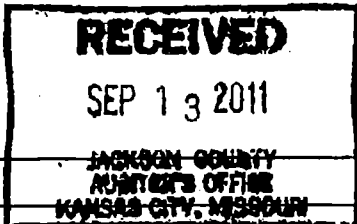
## Section C 2: 2012 Program Budget

*Complete a separate program budget for each program your agency is applying for funding.*

**Agency Name:** SCLC of Greater Kansas City

**Program Name:** Artist Tribute

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ -</b>
<b>Contractual Services</b>			
Speakers & Entertainment			\$ 6,000
Sound & Light Equipment			\$ 4,000
Media Promotion / Tickets			\$ 4,000
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ 14,000</b>
<b>Supplies</b>			
Programs			\$ 1,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 1,000</b>



**Total Program Request \$ 15,000**

## Section D 2: 2012 Program Information

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

Agency Name: SCLC of Greater KC

Program Name: Artist Tribute

### Proposed Program

Detail functions to be performed by each program.

Event to focus on local and national talent involvement in the community and movement - their contribution to the community and struggle - positive exposure for youth and young adults

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KANSAAS CITY, MISSOURI

## Section D 2: 2012 Program Information

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

**Agency Name:** SCLC of Greater KC

**Program Name:** Artist Tribute

### Participants

Identify the number of participants by County that each program serves.

Jackson, MO	400
Clay, Platte, Cass, MO	150
Wyandotte, Johnson, KS	200
Other Missouri	

### Target Population

Describe target population and demographics to be served by each program.

Would you provide these services to anyone at your door?

Answer Yes or No

Is anyone denied services?

Answer Yes or No

What level of indigents (below poverty level) do you serve?

Please classify your program from the following types by percentage of your agency's overall service

Senior Program

% 10

Indigent Program (Below Poverty Level)

% 30

Senior Indigent Program

% 5

What criteria do you have for the clients you serve?

Registration and an interest in the program

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AUDITORS OFFICE  
KANSAS CITY, MISSOURI

Section D

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## Section D 2: 2012 Program Information

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

Agency Name: SCLC of Greater KC

Program Name: Artist Tribute

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Jackson County - Kansas City, 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.

Artist to be invited to participate with and for county residents

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## Section D 2: 2012 Program Information

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

Agency Name: SCLC of Greater KC

Program Name: Artist Tribute

### Approach & Method

List the top three (3) objectives for each program.

1. Inspire Youth / Young Adults to involvement in community through positive acts

2. Inspire to action for self awareness and positive avenues for community improvement

3. Opportunity to display talent.

Detail specific methods you will use to achieve these objectives.

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Pg 4

## Section D 2: 2012 Program Information

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

Agency Name: SCLC of Greater KC

Program Name: Artist Tribute

### 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.

Goal of 600 number of youth / young adult participants. Quality of program. Involvement of community organizations.

### 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)

Promotion on all materials; display of county logo on all publications - Newspaper Ads - Radio Ads

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KANSAS CITY, MISSOURI

## Section C 3: 2012 Program Budget

*Complete a separate program budget for each program your agency is applying for funding.*

**Agency Name:** SCLC of Greater Kansas City

**Program Name:** Interfaith Service

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Total Benefits			\$ -
<b>Total Personal Services</b>			<b>\$ -</b>
<b>Contractual Services</b>			
Speakers & Program Participants			\$ 7,000
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ 7,000</b>
<b>Supplies</b>			
Program / Awards / Invitations			\$ 2,000
Media Promotion			\$ 1,000
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 3,000</b>

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KANSAS CITY, MISSOURI

**Total Program Request \$ 10,000**

## Section D 3: 2012 Program Information

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

Agency Name:

SCLC of Greater KC

Program Name:

Interfaith Service

### Proposed Program

Detail functions to be performed by each program.

Event to bring all faiths together for the purpose of focusing on the "King Dream" now. How can we work together to prosper. Set an agenda for development and share resources for the next generation. "Creating The Beloved Community"

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## Section D 3: 2012 Program Information

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

**Agency Name:** SCLC of Greater KC

**Program Name:** Interfaith Service

<b>Participants</b>	
Identify the number of participants by County that each program serves.	
Jackson, MO	600
Clay, Platte, Cass, MO	150
Wyandotte, Johnson, KS	200
Other Missouri	

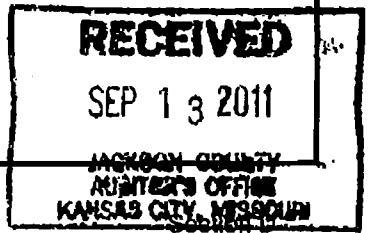
**Target Population**  
Describe target population and demographics to be served by each program.

Kansas City Metropolitan Area - Jackson County

Would you provide these services to anyone at your door? **Answer Yes or No**  
 Is anyone denied services? **Answer Yes or No**  
 What level of indigents (below poverty level) do you serve?  
 Please classify your program from the following types by percentage of your agency's overall service

Senior Program	% 10
Indigent Program (Below Poverty Level)	% 30
Senior Indigent Program	% 5

What criteria do you have for the clients you serve?  
 Registration and an interest in the program



## Section D 3: 2012 Program Information

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

Agency Name:

SCLC of Greater KC

Program Name:

Interfaith Service

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

Kansas City Metropolitan Area and surrounding MO & KS counties

### 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.

Open invitation to all wanting to participate

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## Section D 3: 2012 Program Information

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

Agency Name:

SCLC of Greater KC

Program Name:

Interfaith Service

### 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.

Goal of 1,000 participants - with follow-up from multiple faiths

### 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)

Promotion on all materials; display of county logo on all publications - Newspaper Ads - Radio Ads

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KANSAS CITY, MISSOURI

Section D

## Section D 3: 2012 Program Information

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

Agency Name:

SCLC of Greater KC

Program Name:

Interfaith Service

### 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.

Goal of 1,000 participants - with follow-up from multiple faiths

### 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)

Promotion on all materials; display of county logo on all publications - Newspaper Ads - Radio Ads

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JACKSON COUNTY  
REGISTERED OFFICE  
KANSAS CITY, MISSOURI

Section D



**Section E: Summary of Jackson County Funding Request by Program**

**Agency Name:** Southern Christian Leadership Conference of Greater KC

**Program Name:** 2012 King Celebration **Amount**

1. Community Luncheon	\$ 35,000
2. Artist Tribute	\$ 15,000
3. Interfaith Service	\$ 10,000
<b>Total Jackson County Funding Request for All Programs \$ 60,000</b>	

Is there anything Jackson County can do to help your operation run more efficiently?  
RE: after funds are appropriated, arrange for one-half (1/2) up front with remainder allocated after all paper work is completed. Rev. Thompson

