

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 18944
 Sponsor(s): Dan Tarwater III
 Date: September 28, 2015

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A Resolution for South Kansas City Alliance seeking funding toward set up costs for their economic development summit. The summit, named "Preparing Our Future Leaders is to be held on October 03, 2015 at Avila University.</p>											
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$3,000</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>\$3,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$3,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO</td> <td>FROM ACCT – General Fund 001-1220-56789</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION: <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: \$ Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>		Amount authorized by this legislation this fiscal year:	\$3,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$3,000	Amount budgeted for this item * (including transfers):	\$3,000	Source of funding (name of fund) and account code number; FROM/TO	FROM ACCT – General Fund 001-1220-56789
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): 18623 10/6/2014</p>											
<p>CONTACT INFORMATION</p>	<p>RLA drafted by Auditor's Office – 816-881-3310</p>											
<p>REQUEST SUMMARY</p>	<p>Outside Agency Funding Request Counselor's Office Hold For 04-18 Compliance</p> <p>The South Kansas City Neighborhood Alliance is seeking funding toward set up costs for the Economic Development Summit to be held by the SKCNA at Avila University on October 03, 2015.</p> <p>Funds for this project to come from the General Fund – Economic Development-Outside Agency Funding 001-1220-56789</p>											
<p>CLEARANCE</p>	<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>											
<p>ATTACHMENTS</p>	<p><i>Agency Proposal</i></p>											
<p>REVIEW</p>	<table border="1"> <tr> <td>Department Director: <i>Christy Wooderson</i></td> <td>Date: 9.23.2015</td> </tr> <tr> <td>Finance (Budget Approval): <i>Payton</i> <i>If applicable</i></td> <td>Date: 9/23/15</td> </tr> <tr> <td>Division Manager: <i>Mary Lou Brown</i></td> <td>Date: 9/23/15</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: <i>Christy Wooderson</i>	Date: 9.23.2015	Finance (Budget Approval): <i>Payton</i> <i>If applicable</i>	Date: 9/23/15	Division Manager: <i>Mary Lou Brown</i>	Date: 9/23/15	County Counselor's Office:	Date:		
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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.

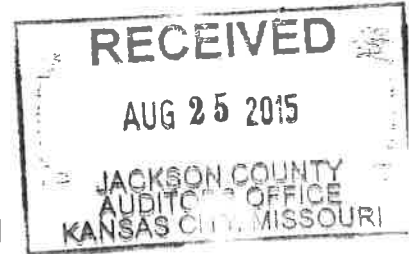
Account Number:	Account Title:	Amount Not to Exceed:

- 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.



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: The South Kansas City Alliance

Address: P.O. Box 7914 Zip Code: 64114

Phone No: 816 591 5921 Fax: N/A

Website Address: www.southkcalliance.org

Federal Tax ID No: ^{EIN} 35-24-51122 Fiscal Year Cycle: Jan-Dec.

Executive Director/President: Stacey Johnson-Cosby

Phone No: 816-591-5921 Email: stacey SKCA@gmail.com

Name/Title of Principal Contact Person:
same as above

Phone No: _____ Email: _____

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 -	#DIV/0!
State		\$ 0 -	#DIV/0!
Jackson County		\$ 3,500 -	#DIV/0!
Other Counties		\$ 0 -	#DIV/0!
City	<i>request</i>	\$ 2,500 -	#DIV/0!
Charity/Donations		\$ 0 -	#DIV/0!
Fundraisers	<i>this event -></i>	\$ 7,792 -	#DIV/0!
Other	<i>estimated dues</i>	\$ 500 -	#DIV/0!
2015 Total Projected Revenue		\$ 14,292 -	

Agency's 2014 Revenue Information			
Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal		\$ 0 -	#DIV/0!
State		\$ 0 -	#DIV/0!
Jackson County		\$ 3,000 -	#DIV/0!
Other Counties		\$ 0 -	#DIV/0!
City		\$ 1,000 -	#DIV/0!
Charity/Donations		\$ 0 -	#DIV/0!
Fundraisers	<i>summit</i>	\$ 8537 -	#DIV/0!
Other (please list)	<i>dues</i>	\$ 2163 -	#DIV/0!
2014 Total Revenue		\$ 14,700 -	

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 type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	<i>?</i>
Domestic Violence Board	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
Outside Agency Program	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	
2014 Total Jackson County Funding			\$ 3000 -	<i>- UNSAM program</i>

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	\$ 0 -
MAAC Link	\$ 0 -
Harvesters	\$ 0 -

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

Agency Name: South Kansas City Alliance
 Program Name: South Kansas City Alliance Economic Development Summit 2015
 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.
N/A			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
Avila University Food Service 2015			\$ 3,000 ⁰⁰
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 3,000⁰⁰
Supplies			
N/A			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 0⁰⁰

Total Jackson County Program Budget Request \$ 3,000⁰⁰

Section D 2015 Program Information

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

Agency Name: Jackson County South KC Alliance
 Program Name: SKCA Economic Dev Summit
 Program Request # _____ of _____

Proposed Program Cost
 What is the total cost to run your program regardless of the Jackson County funding you are requesting?

Total Program Cost \$ 14,232

Proposed Program
 Detail functions to be performed - limit your response to the space provided

See attached

Section D 2015 Program Information

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

Agency Name: South KC Alliance
 Program Name: SKCA Economic Development Summit
 Program Request # _____ of _____

Participants

Identify the number of participants that each program serves

# served with this program	<u>250-300</u>
Of the # served with this program, how many are from:	
Jackson County	<u>almost all, we believe</u>
Other Counties	<u>unsure</u>

Target Population

Describe target population and demographics to be served by each program

Residents & business owners, & employees & employers in our KC metro area who have any kind of interest in South Kansas City (5th & 6th council districts) statement is high for info on the new development projects (Cerner) in our school districts

Burns & McDonnell,
 Truman Market place
 Conterpoint, etc.

Estimate of your cost per participant: \$ 17

What criteria do you have for the participants you serve? that they have an interest in improving & participating in the economic development aspects of the businesses

Section D
2015 Program Information

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

Agency Name: South KC Alliance
Program Name: SKCA Economic Development Summit
Program Request # _____ of _____

Do you keep a list of participants for each program? yes
Would you provide these services to anyone at your door? N/A
Is anyone denied services? no

Please classify your program from the following types by % of your agency's overall services:
Seniors Program: N/A
Indigent Program (Below Poverty Level): ↓
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: SKCA
Program Name: SKCA Economic Development Summit
Program Request # _____ of _____

Service Delivery Area

Identify your specific geographic service delivery area for each program

Jackson County - KCMO's 5 & 6th
Council districts

People from other areas may
also have some interest.

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

We will use them to spread the word about
the event which will highlight the new &
current development projects that impact our
community (Cerner, Burns & McDonnell, Centerpoint, Bannister Federal
We also have a focus on our schools & educational institutions complex,
to highlight their successes etc.

Section D 2015 Program Information

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

Agency Name: SKCA

Program Name: SKCA Econ Dev Summit

Program Request # _____ of _____

Approach & Method

List the top three (3) objectives for each program

1. Inform community about:

- 1) our city's economic drivers - businesses (Corner Centerpoint)
- 2) our school districts & their successful programs

Oxford on the Blue,
Bannister Federal
complex, Burns & Mc
Truman Market place
Red Bridge shopping
center

2. We want the community to know about the various award winning school districts & their innovative special programs. They are not properly promoted & should be

properly promoted
& should be

3. Bring together all types of people with interest in South KC for purposes of connecting w/ each other (business, schools, neighborhood leaders etc.)

Detail specific methods you will use to achieve these objectives

Our venue is small enough that all people will be able to interact - in the main theater & the networking areas for lunch & more one on one contact with booths set up for information

Section D
2015 Program Information

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

Agency Name: SKCA

Program Name: SKCA Econ Dev. Summit

Program Request # _____ of _____

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

We have surveys that we will ask attendees to evaluate.

Last year, the majority of the surveys were positive - overwhelmingly

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)

media promotions/press releases,
email blasts & social media

We also had the Jackson County full color, full page ad on the back of our program book. (see attached)