



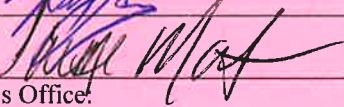


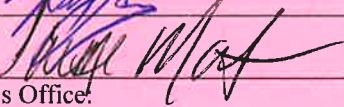


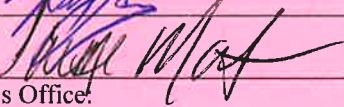
REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19490

Sponsor(s): Crystal Williams

Date: May 22, 2017

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Authorizing the cooperative agreement through August 31, 2017 with The Department of Health and Senior Services to receive grant funds payable to Jackson County.</p>																
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="324 541 1279 764"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td></td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td></td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td></td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td></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) <input type="checkbox"/> Term and Supply Contract (funds approved in the 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:		Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:		Amount budgeted for this item * (including transfers):		Source of funding (name of fund) and account code number; FROM / TO							
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PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): _____</p>																
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Kandi Brooke / Administrative Supervisor / 881-6595</p>																
REQUEST SUMMARY	<p>The JCMEO is requesting resolution to authorize a cooperative agreement with The Department of Health and Senior Services, through August 31, 2017, to receive grant money for statistical reporting of Opioid and Violent Deaths within the Jackson County Medical Examiner's authority. Compensation payable to Jackson County, not to exceed \$11,460.</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="311 1690 1541 1921"> <tr> <td>Department Director:</td> <td></td> <td>Date:</td> <td>05/10/2017</td> </tr> <tr> <td>Finance (Budget Approval): If applicable</td> <td></td> <td>Date:</td> <td>5/11/17</td> </tr> <tr> <td>Division Manager:</td> <td></td> <td>Date:</td> <td>5-16-17</td> </tr> <tr> <td>County Counselor's Office:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>	Department Director:		Date:	05/10/2017	Finance (Budget Approval): If applicable		Date:	5/11/17	Division Manager:		Date:	5-16-17	County Counselor's Office:		Date:	
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Finance (Budget Approval): If applicable		Date:	5/11/17														
Division Manager:		Date:	5-16-17														
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.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG
Director



Res. 19490

Eric R. Greitens
Governor

Dear Contractor:

Enclosed is a contract between your organization and the Department of Health and Senior Services that requires you to complete the following steps:

1. Review and sign the front page of the contract;
2. Complete and sign the exhibit labeled Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization; and
3. Return the contract to:

Bureau of Financial Services, Procurement Unit
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102

Also, please forward the enclosed yellow page to your Chief Financial Officer. It explains the process for completing the Business Management Assessment (BMA) form and submitting your most recent audit report.

Once all signed copies have been returned to our office and the contract is signed by the department, a fully executed copy of the contract will be returned to you. Please contact Christine James in the Procurement Unit at (573) 751-6471 or via email at ProcurementUnit@health.mo.gov if you have any questions regarding this letter.

Enclosures

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.


Missouri Department of Health and Senior Services

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Randall W. Williams, MD, FACOG
 Director



Eric R. Greitens
 Governor

The following information should be directed to your Chief Financial Officer:

The Department of Health and Senior Services (DHSS) requires financial assistance contractor/providers to complete the Business Management Assessment (BMA) form each year. The information provided in the BMA and recent audit reports is used to evaluate contractor/provider financial management systems to determine what special terms and conditions, if any, need to be included in the agreement. Factors assessed include, but are not limited to: the contractor/provider's history of managing federal funds, financial stability, management systems, and their ability to carry out program objectives.

If you have not yet completed the Business Management Assessment (BMA) form for this calendar year, please go to <https://health.mo.gov/atoz/bma/index.php> to **complete and submit the information within 15 calendar days**. The form works best when using the Microsoft Internet Explorer browser rather than other browsers such as Chrome, Firefox, Opera, Safari, etc. You may find some helpful information to assist your completion of the BMA at <http://health.mo.gov/information/contractorresources>.

After you have submitted your information, you can print a hard copy to keep for your records. A confirmation number will be provided, which you should note in case there are questions regarding your submission. **Keep in mind the form is completed only once per year for each federal taxpayer identification number (nine digit number).**

Please note there is not a **Save** feature for the online BMA form. Once you start entering information into the online BMA form, it must be completed. If you have to close out and come back at a later time/date you will have to start the process all over again. Information needed to complete the process:

1. your federal taxpayer ID#;
2. access to any written policies and procedures; and,
3. a copy of your most recently completed audit.

If applicable, a copy of your organization's most recent audit or financial review must be forwarded to DHSS, except Single Audits for organizations with \$750,000 or more in federal expenditures. Single Audit reports must be uploaded to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> as required by 2 CFR 200 (Uniform Grants Guidance).

Copies of audit reports, plus any additional attachments may be sent:

- via the preferred method, email, to monitoring@health.mo.gov;
- or by fax to 573-526-6049;
- or by regular mail to

Missouri Department of Health and Senior Services
 ATTN: BMA
 Division of Administration
 PO Box 570
 Jefferson City, MO 65102

NOTE: Failure to submit an annual BMA form and your most recent audit may result in your being deemed a high-risk provider. For questions concerning the BMA form, or if you do not have access to the internet, please call 573.751.6104 for assistance.

Updated 03/2017

www.health.mo.gov

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

From: Sarah L. Matthes
Sent: Tuesday, May 09, 2017 1:22 PM
To: Kandi L. Brooke <KBrooke@jacksonsongov.org>; Tedi H. Rowland <TRowland@jacksonsongov.org>
Cc: Diane Peterson <DPeterson@jacksonsongov.org>; Dianna Siefert <DSiefert@jacksonsongov.org>
Subject: RE: MO Dept. of Health Violent Death and Opioid Surveillance Contracts

There was no confirmation per se. But I have a confirmation number I can give you. It is 100000473 and I completed it on 4/17/17.

Thank you,

Sarah