

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19119

Sponsor(s): Dennis Waits and Theresa Galvin

Date: April 4, 2016

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting a \$5,000 increase to the contract agreement for One Good Meal. One Good Meal was previously authorized \$20,000 per Resolution 19043 on January 19, 2016. This \$5,000 increase will require a transfer of funds from the Non-Department Health Fund Other Contractual Services Acct.</p>										
<p>BUDGET INFORMATION  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="315 613 1292 898"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$5,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$20,000</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>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td><b>HEALTH FUND</b> <b>FROM:</b> <b>002-5102-56790</b> <b>TO:</b> <b>002-7706-56789</b></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:	\$5,000	Amount previously authorized this fiscal year:	\$20,000	Total amount authorized after this legislative action:	\$25,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO:	<b>HEALTH FUND</b> <b>FROM:</b> <b>002-5102-56790</b> <b>TO:</b> <b>002-7706-56789</b>
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):          Prior resolutions and (date): Resolution # 19043 1/19/2016</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Cindy Wallace – Audit Assistant 881-3312</p>										
<p>REQUEST SUMMARY</p>	<p>Increase outside agency contract agreement amount by \$5,000 for One Good Meal. This 5,000 increase will require a transfer of funds from the Non-Department Health Fund Other Contractual Services Account</p>										
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										
<p>ATTACHMENTS</p>	<p>Budget page</p>										
<p>REVIEW</p>	<table border="1" data-bbox="315 1696 1526 1948"> <tr> <td>Department Director: <i>Crissy Warderson</i></td> <td>Date: 3.22.2016</td> </tr> <tr> <td>Finance (Budget Approval): <i>[Signature]</i> If applicable</td> <td>Date: 3/30/16</td> </tr> <tr> <td>Division Manager: <i>Mary Lou Brown</i></td> <td>Date: 3/30/16</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: <i>Crissy Warderson</i>	Date: 3.22.2016	Finance (Budget Approval): <i>[Signature]</i> If applicable	Date: 3/30/16	Division Manager: <i>Mary Lou Brown</i>	Date: 3/30/16	County Counselor's Office:	Date:		
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Division Manager: <i>Mary Lou Brown</i>	Date: 3/30/16										
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:  
Jackson County, Missouri**

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

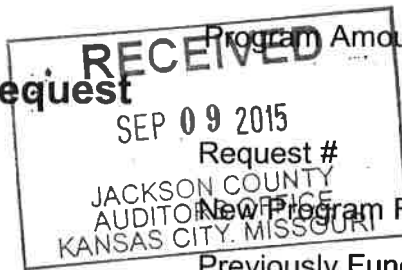
Date: March 16, 2016 PC# \_\_\_\_\_ RES # 19119

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b>Health Fund - 002</b>			
5102 - NonDepartmental	56790 - Other Contractual Services	5,000	
7706 - One Good Meal	56789 - Outside Agency Funding		5,000
		5,000	5,000

 3/16/16  
Budgeting



**Section B  
2016 Program Budget Request**



Program Amount Requested  
\$25,000  
1 of 1

Agency Name:  
One Good Meal

Program:  
Meal Delivery

New Program Request   
Previously Funded

**Salaries**

*attach job description or duties for NEW Program requests only*

Position / Title	Amount	Check Box if 100% Funded by Jackson County
N/A - All Volunteer Organization	-	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Fringe Benefits	-	
<b>Total Salaries &amp; Fringe Benefits</b>	<b>0</b>	

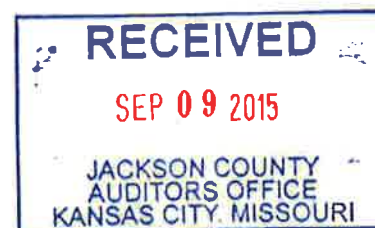
**Contractual Services & Supplies**

Description	Amount	Check Box if 100% Funded by Jackson County
Supplies - Food:	\$25,000-	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Total Contractual Services &amp; Supplies</b>	<b>\$25,000</b>	
<b>Total 2016 Program Budget Request</b>	<b>\$25,000</b>	

Total Program Cost	\$110,618
<i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i>	
Estimate of Cost Per Participant	\$1301.38



## Section C 2016 Program Information



**Agency Name:**

One Good Meal

**Program:**

Meal Delivery

### Proposed Program

Detail functions to be performed.

One Good Meals serves mid-day meals Monday through Friday to seniors and homebound individuals in Lee's Summit & Greenwood regardless of ability to pay. We serve 85-100 meals every day of operations. Because One Good Meal exists, anyone in need can receive a nutritious meal. Hy-Vee supplies the main dish and side dishes at a reduced cost and contributions from individuals and organizations go to help purchase the Styrofoam containers. Volunteers supply the desserts.

Why is this a priority for your agency?

Serving a noon-time meal is the only activity of One Good Meal.

Check if this program is sustainable without Jackson County's funding.

### Target Population

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

One Good Meal will deliver a noon-time meal to any senior or homebound individual within our serving area regardless of race, sex, nationality or reed. Demographics: Age: Under 45 - 2%; 55-65 - 12%; 65-74 - 17%; over 75 - 69%. Gender: Male 38% Female 62%. Household income (in thousands); Under #29 71%; \$30 to \$69 - 24%; \$70 to \$99 - 5%. Veterans 33%.

What criteria do you have for the participants you serve?

We serve Lee's Summit and a bit of Greenwood. We ask clients to pay any amount they can toward the \$4.50 cost of a meal, but no one is excluded if unable to pay.