

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 4838

Sponsor(s): Tony Miller

Date: April 11, 2016

SUBJECT	Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance Project/Title: Supplemental Appropriation for Outside Agency Funding																								
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="316 483 1193 1081"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$37,000.00</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>\$37,000.00</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>0</td> </tr> <tr> <td colspan="2">Source of funding (name of fund) and account code number; FROM</td> </tr> <tr> <td>300-1670-47555 - Park Enterprise Fund – Christmas In The Park</td> <td>\$37,000.00</td> </tr> <tr> <td colspan="2">TO</td> </tr> <tr> <td>300-2810 Park Enterprise Fund – Undesignated Fund Balance</td> <td>\$37,000.00</td> </tr> <tr> <td colspan="2">FROM</td> </tr> <tr> <td>300-2810 Park Enterprise Fund – Undesignated Fund Balance</td> <td>\$37,000.00</td> </tr> <tr> <td colspan="2">TO</td> </tr> <tr> <td>300-7777-6789 Park Enterprise Fund – Outside Agency Funding</td> <td>\$37,000.00</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)</p> <p><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): \$</p> <p>Prior Year Actual Amount Spent (if applicable): \$</p>	Amount authorized by this legislation this fiscal year:	\$37,000.00	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$37,000.00	Amount budgeted for this item * (including transfers):	0	Source of funding (name of fund) and account code number; FROM		300-1670-47555 - Park Enterprise Fund – Christmas In The Park	\$37,000.00	TO		300-2810 Park Enterprise Fund – Undesignated Fund Balance	\$37,000.00	FROM		300-2810 Park Enterprise Fund – Undesignated Fund Balance	\$37,000.00	TO		300-7777-6789 Park Enterprise Fund – Outside Agency Funding	\$37,000.00
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PRIOR LEGISLATION	Prior ordinances and (date): Prior resolutions and (date):																								
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Dianne Kimzey, Deputy Director 503-4825																								
REQUEST SUMMARY	The Park Department requests to appropriate \$37,000 from the 2016 Undesignated Fund Balance of the Park Enterprise Fund for a Cooperative Agreement with International Association of Fire Fighters, Local 42 Community Assistance.																								
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	2016 Outside Agency Funding Request	
REVIEW	Department Director: Michele Newman, Director of Parks + Rec <i>MN</i>	Date: <i>3-31-16</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Mary Rasmussen</i>	Date: <i>4/4/16</i>
	Division Manager: <i>Marylou Brown</i>	Date: <i>4/6/16</i>
	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:
300-2810	Park Enterprise Fund – Undesignated Fund Balance	\$37,000.00

- 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.

Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date: April 4, 2016

ORD # 4838

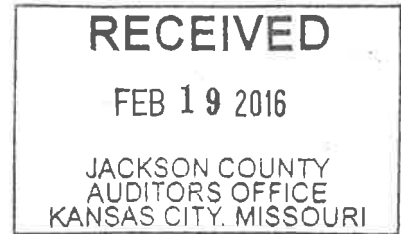
<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
Park Enterprise Fund - 300			
<u>1670 - Special Events</u>	<u>47555 - Christmas in the Park</u>	<u>37,000</u>	
<u>2810 Undesignated Fund Balance</u>			<u>37,000</u>
<u>2810 Undesignated Fund Balance</u>		<u>37,000</u>	
<u>7777 - Int'l Assoc of Fire Fighters</u>	<u>56789 - Outsdie Agency Funding</u>		<u>37,000</u>

Mary Rasmussen
Budgeting



2016 OUTSIDE AGENCY FUNDING REQUEST

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



New Agency Request
 Previously Funded

Name: International Association of Fire Fighters, Local 42 Community Asistance	
Address: 6320 Manchester	City: Kansas City State: MO Zip Code: 64133
Phone No: (816) 358-4222	Website: iaff42.org
Federal Tax ID No: 43-1655412	Fiscal Year: 7/1 - 6/30
Executive Director/President: William (Bill) Galvin	Phone: (816) 358-4222 Email: wgalvin@iaff42.org
Principal Contact: Gary Reese, Secretary-Treasurer	Phone: (816) 358-4222 Email: greese@iaff42.org
Total # of Programs Requesting Funding For: 1	Total Amount Requested: \$ 37,000

Please complete the following sections for your 2016 Outside Agency Proposal.
 Section B and Section C must be filled out for each program you are requesting funding for.

- Section A: Agency Revenue Information
- Section B: Program Budget Request
- Section C: Program Information



Section A Agency Revenue Information

Funding Entity	Source Description	2015 Actual	2016 Projected
Federal		\$ 0	\$ 0
State		\$ 0	\$ 0
Jackson County		\$ 0	\$ 0
City of Kansas City		\$ 0	\$ 0
Charity/Donations	Heart of America United Way	\$ 34,500	\$ 30,000
Fundraisers		\$ 0	\$ 0
Other			
		\$ 34,500	\$ 30,000

Does your agency have cash reserves? YES NO
 If so, what is the current balance? \$ 10,495

Please check all Jackson County sources your agency received funding from in 2015:

- Board of Services for Developmentally Disabled
- COMBAT
- Domestic Violence Board
- Housing Resources Commission
- Mental Health Levy
- Outside Agency

Please check any of the following your agency received funding or resources from in 2015:

	Goods	Services	Cash	Amount
Harvesters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mid America Regional Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAAC Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 34,500
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Section B 2016 Program Budget Request

Program Request # _____

Agency Name:

Program:

New Program Request

International Assoc. of Fire Fighters, Local
42 Community Assistance

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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Fringe Benefits		

Total Salaries & Fringe Benefits \$ 0

Contractual Services & Supplies

Description	Amount	Check Box if 100% Funded by Jackson County
Have A Heart - supplies, gift purchases	11,000.00	<input type="checkbox"/>
Breast Cancer Project - Advertising, Shirts	2,000.00	<input type="checkbox"/>
Working Families Friend - support working families in need w/emergency utilites,		<input type="checkbox"/>
food, clothing, etc.	24,000.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Total Contractual Services & Supplies \$ 0 37,000.00

Total 2016 Program Budget Request \$ 0

<p>Total Program Cost</p> <p><i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i></p> <p>Estimate of Cost Per Participant</p>



Section C 2016 Program Information

Agency Name:

Program:

International Association of Fire Fighters, Local 42 Community Assistance

Proposed Program

Detail functions to be performed.

We contribute annually to the Midwest Regional Burn Fund, Rainbow Center, Muscular Dystrophy Association, Have A Heart (which provides Christmas for over 400 Jackson Co. ward of the court children), SAFE (Surviving Spouse and Family Endowment Fund), Working Families Friend, Special Olympics, Breast Cancer Awareness and other 501 (c) 3 organizations.

Why is this a priority for your agency?

Local 42 Community Assistance was established in 1993 as a subsidiary of IAFF, Local 42 in Kansas City, Missouri to support charities, hospitals and individuals in the metropolitan area as well as elsewhere to assist directly, or through other charitable organizations, those who are ill, injured or in need, particularly children and those injured in the line of duty.

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



Target Population

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

Greater Kansas City community

What criteria do you have for the participants you serve?

Level of need and if an organization if they qualify as a 501 (c) 3 organization

Service Delivery Area

Identify the number of participants that this program serves.

Total # served # served from Jackson County # served from Other Areas

Identify your specific service delivery area by zip code or geographical boundary.

Zip Code Geographical Boundary

Greater Kansas City

Is this is a Countywide Program? YES NO

If not, What is the Jackson County Legislative District?

Does your agency keep a list of participants for this program? YES NO

Please classify your program from the following types of services:

- Community Improvement/Outreach
- Food/Emergency Services
- Health/Wellness
- Indigent Population
- Senior Services
- Youth Services

Other: _____

Are your services available to anyone? YES NO

Outcomes

List up to 5 outcomes related to this program.

Please check if the outcome is measurable.

- | | |
|----|--------------------------|
| 1. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> |

Summary

Your application will not be considered complete without answering all questions. All applicants must fulfill the requirements listed below to complete the funding request process.

Please check the box acknowledging you understand your organization's responsibility to the following.

- Reviewed the Non-Allowable Expenses
- Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved.
- Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the Auditor's Office with copies.

Your organization will submit the following with the Outside Agency Proposal:

- Certificate of Liability Insurance valued at a minimum of \$1 million per occurrence or \$2 million annual aggregate
- Missouri Secretary of State Certificate of Good Standing
- Missouri Secretary of State Annual Registration Report

Signature: William Galvin

Date Submitted: 02/19/2018

SAVE

PRINT