

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 19335

Sponsor(s): Scott Burnett

Date: December 5, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting a \$20,000 increase to the contract agreement with Mid-America Regional Council – subcontract agreement with Bishop Sullivan Center which was previously authorized \$30,000 per Resolution 19046 on January 19, 2016. This \$20,000 increase will require a transfer of funds from the Non-Departmental Health Fund - Outside Agency Funding.</p>											
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="324 682 1295 966"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$20,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$30,000</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$50,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$50,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO: Health Fund/non-departmental/outside agency Health Fund/MARC/outside agency</td> <td>HEALTH FUND FROM: 002-5102-56789 TO: 002-7902-56789</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:	\$20,000	Amount previously authorized this fiscal year:	\$30,000	Total amount authorized after this legislative action:	\$50,000	Amount budgeted for this item * (including transfers):	\$50,000	Source of funding (name of fund) and account code number; FROM/TO: Health Fund/non-departmental/outside agency Health Fund/MARC/outside agency	HEALTH FUND FROM: 002-5102-56789 TO: 002-7902-56789
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): Resolution # 19046 1/19/2016</p>											
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p>											
<p>REQUEST SUMMARY</p>	<p>Requesting a transfer of funds from the Non-Departmental Health Fund Outside Agency Funding and increase to the cooperative agreement with MARC subcontract with Bishop Sullivan Center for the purpose of providing additional emergency assistance.</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>Budget page</p>											
<p>REVIEW</p>	<p>Department Director: <i>Cherry Woodruse</i></p>	<p>Date: 12/1/2016</p>										
	<p>Finance (Budget Approval): <i>If applicable</i> <i>[Signature]</i></p>	<p>Date: 12/1/16</p>										
	<p>Division Manager: <i>Mary Lou Brown</i></p>	<p>Date: 12/2/16</p>										
	<p>County Counselor's Office:</p>	<p>Date:</p>										

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.



Section B 2016 Program AMENDED Budget Request

Agency Name:
Bishop Sullivan Center

Replaces Previous Budget Dated:
Aug. 25, 2015

Date of AMENDED
Budget Request:
November 30, 2016

Salaries

attach job description or duties for NEW Program requests only

Position / Title	Budgeted Amount as of: 1/8/2016	100% Funded by Jackson County	New Amount Amended Request
Pantry Manager	\$ 17,000	<input type="checkbox"/>	\$ 17,000
Receptionist	\$ 13,000	<input type="checkbox"/>	\$ 13,000
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Fringe Benefits			
Total Salaries & Fringe Benefits	\$ 30,000		\$ 30,000

Contractual Services & Supplies

Description	Budgeted Amount as of: 1/8/2016	100% Funded by Jackson County	New Amount Amended Request
Food for Pantry		<input type="checkbox"/>	\$ 20,000
		<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"/>	
Total Contractual Services & Supplies	\$ 0		\$ 20,000
Total 2016 Program Budget Request	\$ 30,000		\$ 50,000

Total Program Cost	\$ 0
<i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i>	
Estimate of Cost Per Participant	\$ 20

Bishop Sullivan Center

Bishop Sullivan Center
Kansas
2220 Central Avenue
Kansas City, KS 66102
Phone: 913-906-8940

6435 Truman Road
Kansas City, MO 64126
Phone: 816-231-0984
Fax: 816-231-3096
www.bishopsullivan.org

St. James Place
3936 Troost
Kansas City, MO 64110
Phone: 816-561-8515
Fax: 816-531-2917

Jackson County
415 E 12th Street
Kansas City, MO 64106

November 30, 2016

Jackson County Legislators:


We are making an additional request for funding for food. We operate two of the largest food pantries in the county as well as a soup kitchen. Bishop Sullivan Center is Harvester's Food Bank largest "customer," that is, we buy more food from them than any other pantry.

Looking at zip codes by income, **we serve 14 of 15 poorest zip codes in Jackson County.** It explains why our pantries have such high volume, typically, over 1200 families a month come to our pantries and another 250 people come each week day night for dinner at our soup kitchen.

There are various reasons why people come to food pantries and soup kitchens, for most, it is simply their income is insufficient to keep up with rising costs of living. Increased costs in health care and water bills would be two such rising costs.

For all these reasons, we are requesting additional funding to help low-income folks in Jackson County.

Sincerely yours,



Thomas Turner
Director

Fiscal Note: Jackson County, Missouri

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

Date: December 1, 2016 PC# _____ RES # 19335

Department / Division	Character/Description	From	To
Health Fund - 002			
5102 - NonDepartmental	56789 - Outside Agency Funding	\$ 20,000	\$ -
7902 - MARC	56789 - Outside Agency Funding		20,000
		\$ 20,000	\$ 20,000

 12/1/16
Budgeting