



Jackson County Missouri

Jackson County Courthouse
415 E. 12th Street, 2nd floor
Kansas City, Missouri
64106
(816)881-3242

Request for Legislative Action

File #: 25-383, Version: 0

REQUESTED MEETING DATE: Select Date

RESOLUTION NO.: 22026

SPONSORS:

SPONSOR: Charlie Franklin

Sean E. Smith

DATE: September 8, 2025

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To be confirmed by County Counselor's Office:

STAFF CONTACT: Ashley Al-Shawish **PHONE:** 816-881-3274

EMAIL: aal-shawish@jacksongov.org

DEPARTMENT: Legislature

TITLE: IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI A RESOLUTION authorizing the County Executive to execute Cooperative Agreements with certain outside agencies that provide public health related and other public services to citizens of Jackson County, at an aggregate cost to the County not to exceed \$24,000.

SUMMARY: WHEREAS, the 2025 County budget contains appropriations for outside agency funding for various public health and other public purposes; and, WHEREAS, in 2020, thirty-two (32) agencies and thirty-nine (39) programs were funded, in 2021 thirty-three (33) agencies and forty (40) programs were funded, in 2022 thirty-eight (38) agencies and forty-four (44) programs were funded, in 2023 sixty (60) agencies and sixty-seven (67) programs were funded, in 2024 sixty-two (62) agencies and sixty-seven programs (67), and in 2025 ninety-four (94) agencies and one hundred and six (106) programs will be funded; and, WHEREAS, it is appropriate that the County Executive be authorized to execute Cooperative Agreements with the following agencies in the respective amounts indicated: **Amount: \$24,000; now**

therefore, **BE IT RESOLVED** that the County Executive be and hereby is authorized to execute Cooperative Agreements with the specified agencies, in the respective amount indicated, in forms to be approved by the County Counselor; and, **BE IT FURTHER RESOLVED** that the Director of Finance and Purchasing be and hereby is authorized to make all payments, including final payment on the agreements.

FINANCIAL IMPACT:**NO** ☐

Amount	Fund	Department	Line-Item Detail
24000	002	9000	56789

YES ☒**ACTION NEEDED:** AUTHORIZE**ATTACHMENTS:**

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