REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office: Res/Oxd No.: 18373

Sponsor(s): Date:

Dan Tarwater January 27, 2014

SUBJECT	Action Requested ☑ Resolution ☐ Ordinance				
	A RESOLUTION authorizing the County Executive to execute a cooperative agreement with the Day Parade Committee, at a cost to the County not to exceed \$5,000.00.	St. Patrick's			
BUDGET					
INFORMATION					
To be completed	Amount previously authorized this fiscal year:				
By Requesting Department and	Total amount authorized after this legislative action: \$5,000				
Department and Finance	Amount budgeted for this item * (including \$5,000				
Finance	transfers): Source of funding (name of fund) and account code				
	number:				
	003-1220-56789 – Park Fund Economic				
	Development Outside Agency Funding \$5,000				
	* If account includes additional funds for other expenses, total budgeted in the account is: \$8,092				
	OTHER FINANCIAL INFORMATION:				
	☐ No budget impact (no fiscal note required) ☐ Term and Supply Contract (funds approved in the annual budget); estimated value and use of	f contract:			
	Department: Estimated Use: \$	Commun.			
	Prior Year Budget (if applicable): \$5,000 Prior Year Actual Amount Spant (if applicable):				
	Prior Year Actual Amount Spent (if applicable):				
PRIOR					
LEGISLATION	Prior ordinances and (date):				
4-	1.1101 01.01.11111111111111111111111111				
	Prior resolutions and (date): Resolution 18091 (2/11/13)				
CONTACT	District Control of the Control of t	5 14			
INFORMATION	RLA drafted by (name, title, & phone): Ferdinand "Ferd" E. Niemann IV, Director of Economic Development, 816-881-1009; Amiee Wenson, Senior Administrative Manager, 816-881-3073				
	810-881-1009; Affilee Wellsoff, Schlof Admillistrative Manager, 610-661-3073				
REQUEST	During the 2014 budget process, an outside agency request of \$5,000 was received from the Kans	sas Citv St.			
SUMMARY	Patrick's Day Parade Committee.	, ao 0.10, 2.1			
	The funds will be used to pay for security services during the parade festivities.				
CLEAD ANCE					
CLEARANCE	Tax Clearance Completed (Purchasing & Department)				
	Business License Verified (Purchasing & Department)				
	Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)				
	Chapter o comprised Transmission 1 and County 1 and 1				
ATTACHMENTS		:			
	Outside Agency Funding request				

REVIEW	Department Director:	Date:
	Finance (Budget Approval): If applicable Approval Seall	Date: 1-21-14
li	Division Manager:	Date: /////
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

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 wh 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:		ered from the	
Funds sufficient for this appropriation are available from the source indicated below.	is chargeable and there is a c	ash balance otherwise unencumbere	d in the treasury to the credit of the fund from which
Account Number: Account Title: Amount Not to Exceed:	Funds sufficient for this expe	enditure will be/were appropriated by	y Ordinance #
	•		
	Funds sufficient for this appr	opriation are available from the sou	rce indicated below.
	Funds sufficient for this appr Account Number:	opriation are available from the sou Account Title:	rce indicated below.

Fiscal Note:

This expenditure was included in the Annual Budget.

Date:	January 21, 2014		RES#	18373
Departme	ent / Division	Character/Description	Not	to Exceed
Park Fund - 003	;			
1220 - Economic	Development	56789 - Outside Agency Funding		5,000.00
		· · · · · · · · · · · · · · · · · · ·		
				
<u> </u>				
				

<u>xliberan S Ball 1-21-14</u> Budgeting



OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

415 E 12th Street, 2nd Floor Kansas City, MO 64106

Email: auditor@jacksongov.org

Section A:	Organization or Agency Information	page	1
Section B:	Agency's 2013 and 2014 Revenue Information	page 2	2
Section C:	Individual Program Budget	page 3	3 ·
Section D:	Program Information	pages	4 - 8
Section E:	Summary of Request by Program	page 9)

	Section A: Organization	on or Agency Informati	on
Name:	Kansas City St. Patrick's Day Par	ade Committee	
Address:	107 W. 104th Street		· · ·
Phone No:	816.941.2556	Fax:	
Website Addres	ss: kclrishparade.com		
Federal Tax ID	No: 43-1773363	Fiscal Year Cycle: 2014	
Executive Direc	tor:		
Name and Title	of Principal Contact Person:	Anne McKeown, Pre	sident
Phone No:	816,941,2556	Email Address: amckeown@kc.rr.	com
		. •	į
Submittal of this	request has been authorized by:	The KCSPDPC Board of Directors	·
	Date:	8/27/2013	RECEIVED

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JACKBON COUNTY AUDITORS OFFICE KANSAS CITY MISSOURI Section A

Section B: Agency's 2013 and 2014 Revenue Information Agency's 2014 Projected Revenue Information Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From **Projected** % of Amount **Total Revenue** Funding Entity \$ Federal 0 \$ State 7. Jackson Gounty-\$ 5,000 Other Counties \$ 0 NTDF 38 \$ 25,000 City 0 Charity/Donations Fundraisers \$ 11,000 17 **Golf Tournament** 25,000 Other Parade Entries / Vendors 38 2014 Total Projected Revenue \$_ 66,000

Funding Entity	Agency's 2013 Total Source You Received F		om		Amount	<u> </u>	% of Total Revenue
Federal				\$		-	0
State	'			\$		-	0
Jackson County				\$		5,000	8
Other Counties				\$		-]	0
City	NTDF			\$	2	20,000	31
Charity/Donations				\$		-	0
Fundraisers	Golf Tournament			\$	1	11,000	19
Other (please list)	Parade Entries / Vendors			\$	2	25,000	42
		2013 Total	Revenue	\$		31,000	· · · · · · · · · · · · · · · · · · ·
ı	If your agency received fur please identify the funding sou						
Jackson County Fu	please identify the funding sou			rogra		elow.	gram Name
•	please identify the funding sou	ırce, amou	int and p	rogra	am name k	elow.	gram Name
Jackson County Fu	please identify the funding sou	ırce, amou Yes	nt and p	rogra A	am name k	elow.	gram Name
Jackson County Fu COMBAT Mental Health Levy	please identify the funding sou	Yes	nt and p No □	rogra A \$	am name k	elow.	gram Name
Jackson County Fu COMBAT Mental Health Levy	please identify the funding sounding Source or Developmentally Disabled	Yes	No	rogra A \$ \$	am name k	elow.	gram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo	please identify the funding sounding Source or Developmentally Disabled Board	Yes	No	A \$ \$ \$	am name k	elow.	gram Name
Jackson County Fu COMBAT Mental Health Levy Board of Services fo Domestic Violence	olease identify the funding sounding Source or Developmentally Disabled Board Commission	Yes	No	A \$ \$ \$	am name k	elow.	gram Name
Jackson County Fun COMBAT Mental Health Levy Board of Services fo Domestic Violence I Housing Resources	olease identify the funding sounding Source or Developmentally Disabled Board Commission ogram	Yes	No	A \$ \$ \$ \$ \$ \$	am name k mount	elow.	
Jackson County Fun COMBAT Mental Health Levy Board of Services fo Domestic Violence I Housing Resources	olease identify the funding sounding Source or Developmentally Disabled Board Commission	Yes	No	A \$ \$ \$ \$ \$ \$	mount 5,000	elow.	
Jackson County Fur COMBAT Mental Health Levy Board of Services for Domestic Violence I Housing Resources Outside Agency Pro	olease identify the funding sounding Source or Developmentally Disabled Board Commission ogram	Yes	No	A \$ \$ \$ \$ \$ \$	mount 5,000	Pro	F 1 7 1 1 V 8
Jackson County Fur COMBAT Mental Health Levy Board of Services for Domestic Violence I Housing Resources Outside Agency Pro	olease identify the funding sounding Source or Developmentally Disabled Board Commission ogram 2013 Total Jackso	Yes	No	A \$ \$ \$ \$ \$ \$	mount 5,000	Proposition of the second of t	Latin to be to the

Section C: REVISED 2014 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

Agency Name:	KC St. Patrick's Day Parade
Program Name:	

·	ersonal Servic			
For each salary request belo	ow please attac			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	t	mount of Salary o be funded by lackson County
			\$	_
		·	\$	-
			\$	_
			\$	-
			\$	٠,
	<u> </u>	<u> </u>	\$	· •
Total Salaries			\$	•
Total Fringe Benefits	Total Fringe Benefits		\$,,
Total Personal Services		\$	e	
Coi	ntractual Serv	ices		
		-	\$	-
Kansas City Police Department		٠	\$	5,000
			\$	-
			\$	-
			\$	-
			\$	_
	Total Contrac	tual Services	\$	5,000
	Supplies			
			\$	
RECEIVED			\$	-
, , , , , , , , , , , , , , , , , , ,			\$	-
DEC 2 1 2013			\$	-
JACKSON COUNTY AUDITORS OFFICE KANSAS CITY, MISSOURI			\$	-
KANSAS ČITY, MISSOURI			\$	-
	Т	otal Supplies	\$	_

Complete a separate program information sheet for each program your agency is applying for funding.

Agency	Name:
--------	-------

Kansas City St. Patrick's Day Parade Committee

Program Name:

Kansas City St. Patrick's Day Parade

Proposed Program Detail functions to be performed by each program. The St. Patrick's Day parade will be held on March 17, 2014. It will be staged on Broadway and 33rd street and will progress south on Broadway to 45th Street. There will be approximately 120 entries and 4,000 participants along with an estimated 200,000 spectators.

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JACKSON COUNTY AUDITISES OF DICE KANSAS CITY MISSOL

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name:	Kansas City St. Patrick's Day Parade Co	mmittee	
Program Name:	Kansas City St. Patrick's Day Parade		•
	Participants	L stoarom	
identily tr	ne number of participants by County that eac	il plogram	1 861 vcs.
Jackson, MO			
Clay,Platte,			
Cass, MO			
Wyandotte,			
Johnson, KS			
Other	No official records exist tracking the Counti	es of Origii	n for our parage
Missouri	participants and spectators.		
	Target Population		
Describe tar	rget population and demographics to be serv	ed by eac	h program.
Our target population is the	ne greater Kansas City metro area as well as vis	itors from S	pringfield, MO,
Columbia, MO, Lawrence	, KS, Wichita, KS, St. Louis, MO as well as Nebi	aska and I	owa.
1			
]*			
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•			
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l			
Mend you provide the	o convince to anyone at your door?	· Ans	swer Yes or No
	se services to anyone at your door?	• •	swer Yes or No
Is anyone denied service		7 111	3461 100 01 110
What level of indigents	(below poverty level) do you serve? ogram from the following types by percentage	o of vour a	i aenovis overali service
	igram from the following types by persontage	5 Oi youi a	NA
Senior Program	(Delevi Devertir Level)		NA
	(Below Poverty Level)		NA
Senior Indigent P	-		IVA
What criteria do you ha	ve for the clients you serve?		RECEIVED

AUDITOR'S OFFICE KANSAS SECTION DSOURI

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Complete a separate	e program information sheet for each program your agency is applying for randing.
Agency Name:	Kansas City St. Patrick's Day Parade Committee
Program Name:	Kansas City St. Patrick's Day Parade
_	
	Service Delivery Area
Identify \	your specific geographic service delivery area for each program.
The entire metropolitan	Kansas Ctly, Missouri area is serviced by the Parade. Most specifically, Westport
and downtown KCMO a	rea benefits from additional increase in business from the population of participants
and spectators who floci	
•	·
	Frank Company tion
	Fund Separation
Indicate what measu	res your agency will take to ensure that funds received from Jackson County
W	vill be utilized for the benefit of Jackson County residents.
The funds are intended t	to be utilized for providing security for the parade. The security will be provided for
all participants, but the p	payment of services will go directly to the KCMO Police Deparment (a Jackson
County entity).	
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JACKSON COUNTY AUDITORS OFFICE KANSAS (IT (MISSOURI

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name:	Kansas City St. Patrick's Day Parade Committee				
Program Name: Kansas City St. Patrick's Day Parade					
1. Promote a safe,	Approach & Method List the top three (3) objectives for each program. fun and sensible parade				
2. Promote Irish he	ritage and encourage ethnic diversity				
3. Promote unity ar	nd community spirit in the metropolitan area				
 We will hold a m regulations for partic 	I specific methods you will use to achieve these objection and atory logistics meeting that will outline all the cipants and parade committee workers. Addition bholic beverages on our floats or in the staging a	e rules and nally, we allow no			
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AUDITORS OFFICE KANSAS CATY MISSOURI

Complete a separate program information sheet for each program your agency is applying for funding.

Agency	Name:	Kansas Citv St. P	atri
		Nalisas City Ct. I	аи

Kansas City St. Patrick's Day Parade Committee

Program Name:

Kansas City St. Patrick's Day Parade

Evaluation

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

Our success is measured by: 1) The safety of the participants and spectators 2) The number of participants who choose to return each year to the parade 3) The number of spectators that attend 4) The quality of the entries, as determined by a panel of judges.

Notification

How will your organization make clients, the public and the media

aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

No promote our supports including Jackson County in the following ways: 1) A logo on our website at

We promote our sponsors, including Jackson County, in the following ways: 1) A logo on our website at www.kcirishparade.com 2) The logo on all printed material that includes the list of sponsors 3) Banner displayed at all events

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AUDITORS OFFICE KANSAS C**Section 2** OURI