# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:
Res/@xdNo.: 18885
Sponsor(s): Dennis Waits

Date:

July 13, 2015

| SUBJECT                | Action Requested  Resolution Ordinance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                        | Project/Title: A resolution authorizing the Director of Finance and Purchasing to make payment from the County's Anti-Drug Sales Tax Fund for the 2015 Fiscal to Healing House of Kansas City for the purpose of providing residential services, not to exceed \$70,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
| BUDGET                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
| INFORMATION            | Amount authorized by this legislation this fiscal year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$70,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |  |  |
| To be completed        | Amount previously authorized this fiscal year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |  |  |
| By Requesting          | Total amount authorized after this legislative action:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$70,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |  |  |
| Department and         | Amount budgeted for this item *(Including transfers):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$70,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |  |  |
| Finance                | Source of funding (name of fund) and account code number;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
|                        | FROM 008-Anti-Drug, 4404-6789                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
|                        | If account includes additional funds for other expenses, total budgeted  No budget impact (no fiscal note required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in the account is: \$70,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |  |  |
|                        | Prior Year Budget (if applicable): 2,663,247.00 Prior Year Actual Amount Spent (if applicable): 2,448,602.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
| PRIOR<br>LEGISLATION   | Prior ordinances and (date): Prior resolutions and (date): 18730, Feb. 17, 2015. 18605, September 15, 2014, 18403, February 10, 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
| CONTACT<br>INFORMATION | RLA drafted by: DaRon McGee, Public Affairs Coordinator, 816.881.1414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |  |  |
| REQUEST<br>SUMMARY     | A resolution authorizing the County Executive to providence Kansas City from the 2015 Anti-Drug Sales Tax fiscally services (room and board). Healing House provides hothree women's homes and two multi-family units. Rec these services to be continued in Jackson County. As a treatment slots has declined. COMBAT has worked wit since 2014. In an effort to address this problem Jacks Department of Mental Health, Swope Health Services County COMBAT to address a continuing need in treat the cost with the State of Missouri for more residential COMBAT funding in response to request for proposals needed to be addressed before they could be funded; this is Access to Recovery (ATR) certified as well as a 501(COMBAT funding and anti-violence initiatives in the community COMBAT Treatment funding. | ear. The Resolution is to serve using for up to 110 adults throently a number of factors have result of these issues the available Swope Health to address their con County COMBAT is partnand Healing House. This is an ment services, while serving mand Healing House has be a factor of the factor o | as support for residential ugh three men's homes, impacted the ability of bility of substance abuse r loss of residential beds ering with the Missouri opportunity for Jackson ore residents by levering ealing House applied for en addressing items that mg House of Kansas City execute agreements and grant match, and other |  |  |

| CLEARA | NCE                                                                                                                                                                                                                                                                                                                | Business License Ve                                       | pleted (Purchasing & Department) erified (Purchasing & Department) ce - Affirmative Action/Prevailing W | age (County Auditor's Of                               | ffice)                  |  |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------|--|
| ATTACH | IMENTS                                                                                                                                                                                                                                                                                                             | Exhibit A                                                 |                                                                                                         |                                                        |                         |  |
| REVIEW |                                                                                                                                                                                                                                                                                                                    | Department Director:                                      | me Apre                                                                                                 |                                                        | Date: 6-30-2015         |  |
|        |                                                                                                                                                                                                                                                                                                                    | Finance (Budget Approv<br>If applicable                   | val): Maha Ramu                                                                                         | NOM                                                    | Date: 7-1-15            |  |
|        |                                                                                                                                                                                                                                                                                                                    | Division Manager:                                         | Mary Kasmu                                                                                              |                                                        | Date: 1/8/15            |  |
|        |                                                                                                                                                                                                                                                                                                                    | County Counselor's Offi                                   | ice:                                                                                                    |                                                        | Date:                   |  |
|        |                                                                                                                                                                                                                                                                                                                    | on (to be verified by B                                   | Budget Office in Finance Depart                                                                         | tment)                                                 |                         |  |
|        | 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 #                                                                                                                                                                                                                                     |                                                           |                                                                                                         |                                                        |                         |  |
| F      | Funds suffi                                                                                                                                                                                                                                                                                                        | cient for this appropriation                              | n are available from the source indica                                                                  | ated below.                                            |                         |  |
|        | Account N                                                                                                                                                                                                                                                                                                          | lumber:                                                   | Account Title:                                                                                          | Amount Not to Exceed:                                  |                         |  |
|        |                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                         |                                                        |                         |  |
|        | This award<br>funds for sp                                                                                                                                                                                                                                                                                         | is made on a need basis a<br>pecific purchases will, of r | nd does not obligate Jackson County<br>necessity, be determined as each using                           | to pay any specific amou<br>g agency places its order. | nt. The availability of |  |
|        | This legislative action does not impact the County financially and does not require Finance/Budget approval.                                                                                                                                                                                                       |                                                           |                                                                                                         |                                                        |                         |  |

# **Fiscal Note:**

This expenditure was included in the Annual Budget,

PC# 44042015025

| Date:          | July 1, 2015      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RES # 18885    |
|----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Departr        | ment / Division   | Character/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Not to Exceed  |
| Anti Drug Sale | es Tax Fund - 008 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| 4404 - COMBA   | AT Treatment      | 56789 - Outside Agency Funding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 70,000         |
|                | g                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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|                |                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
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| 31             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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| -              |                   | The state of the s |                |
|                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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Mary Rasmussen
Budgeting

# Jason Kander Secretary of State 2014-2015 BIENNIAL REGISTRATION REPORT

NONPROFIT

## N00609100 Date Filed: 1/7/2015 Jason Kander Missouri Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

| *   | SECTION 1, 3 & 4 ARI                                                                                                                                                                                         | E REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | 12                                                                        |                                                                                                                           |                                               |     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|
|     | N00609100 Healing House, Inc. BOBBI JO REED 4400 ST. JOHN AVENUE KANSAS CITY MO 64123                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | ORGANIZED UND<br>Missouri                                                 | ER THE LAWS OF:                                                                                                           |                                               |     |
|     |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                 | PRINCIPAL PLACE  *  4400 St. John Ave  STREET Kansas City M  CITY / STATE |                                                                                                                           |                                               |     |
|     | If changing the reg                                                                                                                                                                                          | sistered agent and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | egistered office address, pleas   | se che                                                                    | ck the appropriate b                                                                                                      | ox(es) and fill in the necessary information. |     |
| 2   | ☐ The new registered agent                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           |                                                                                                                           |                                               |     |
|     | ☐ The new registe                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           |                                                                                                                           |                                               |     |
|     | Must be a Missour                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e is not acceptable. This section | on is n                                                                   | ot applicable for Bar                                                                                                     | nks, Trusts and Foreign Insurance.            | _   |
|     | OFFICERS  NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Α                                                                         | NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  MUST LIST AT LEAST THREE DIRECTORS BELOW  B                   |                                               |     |
|     | <u>PRESIDENT</u><br>STREET                                                                                                                                                                                   | Burkholder, Judi<br>4400 St. John Aveni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ıe                                |                                                                           | <u>NAME</u><br>STREET                                                                                                     | Reed, Bobbi jo<br>4400 St. John Avenue        |     |
|     | CITY/STATE/ZIP<br><u>SECRETARY</u>                                                                                                                                                                           | Kansas City MO 641<br>Maser, Ralph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | ==                                                                        | CITY/STATE/ZIP<br><u>NAME</u>                                                                                             | Kansas City MO 64123<br>Burkholder, Judi      | _   |
| 1   | STREET                                                                                                                                                                                                       | STREET 16931 Bellinder Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                           | STREET                                                                                                                    | 4400 St. John Avenue                          |     |
| 3   |                                                                                                                                                                                                              | CITY/STATE/ZIP Stillwell KS 66085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                           | CITY/STATE/ZIP                                                                                                            | Kansas City MO 64123<br>Langhofer, Tom        | -37 |
|     | <u>OTHER</u><br>STREET                                                                                                                                                                                       | Reed, Bobbi jo<br>4400 St John Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                           | NAME<br>STREET                                                                                                            | 13153 Grandview Street                        |     |
|     | CITY/STATE/ZIP                                                                                                                                                                                               | Kansas City MO 64:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23                                | _                                                                         | CITY/STATE/ZIP                                                                                                            | Overland Park KS 66123                        | =5  |
|     |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           | <u>NAME</u>                                                                                                               |                                               |     |
|     | STREET                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           | STREET                                                                                                                    |                                               |     |
|     | CITY/STATE/ZIP                                                                                                                                                                                               | A.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AMES AND ADDRESSES OF ALL         | OTUE                                                                      | CITY/STATE/ZIP                                                                                                            | ECTORS ARE ATTACHED                           |     |
|     | Т                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           |                                                                                                                           |                                               | *   |
|     | The undersigned understands that false statements made in this report are punishable for the crime of making a false  declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           |                                                                                                                           |                                               |     |
| 4   | Authorized party o                                                                                                                                                                                           | r officer sign here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Judi Burkholder                   |                                                                           |                                                                                                                           | (Required)                                    |     |
|     | Please print name                                                                                                                                                                                            | and title of signer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Judi Burkholder                   |                                                                           | 1                                                                                                                         | President                                     |     |
|     |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                              |                                                                           |                                                                                                                           | TITLE                                         |     |
| 5:- | \$20.00 If filed on                                                                                                                                                                                          | STANDARD TO THE STANDARD STAND |                                   |                                                                           | RM IS ACCEPTED BY THE SECRETARY OF STATE; BY LA<br>E A PUBLIC DOCUMENT AND ALL INFORMATION<br>JBJECT TO PUBLIC DISCLOSURE | w                                             |     |
|     | Corporation will be 11/29/2016                                                                                                                                                                               | administratively disso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lved if report is not filed by    |                                                                           | E MAII ADDRESS                                                                                                            | (OPTIONAL): terri@healinghousekc.org          |     |
| 1   |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                           | E-MAIL ADDRESS                                                                                                            | (OF HOMAL) TELLIGHERMISHOUSEKCOIS             |     |

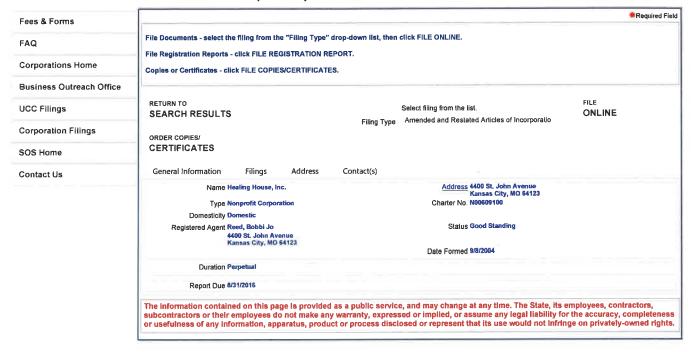
Res. 18885



### MISSOURI ONLINE BUSINESS FILING



#### Nonprofit Corporation Details as of 6/30/2015





Stacey Daniels-Young, Ph.D. Director (816) 881-3510

Vincent M. Ortega Deputy Director (816) 881-3886

Drug Commissioners:

Gloria Fisher
Venessa Maxwell-Lopez
Gene Morgan
Keith Querry
Anita Russell
Joseph Spalitto, DDS
James Witteman, Jr.
Marva Marguerite Moses

Fax: (816) 881-1416

To: Dr. Stacey Daniels-Young, Director

From: DaRon McGee, Public Affairs Coordinator

Subject: Contract with Healing House for Residential Services

Date: June 29, 2015

The COMBAT department wishes to submit a resolution authorizing the County Executive to provide contract not to exceed \$70,000 to Healing House of Kansas City from the 2015 Anti-Drug Sales Tax fiscal year. The Resolution is to serve as support for residential services (room and board). Healing House provides housing for up to 110 adults through three men's homes, three women's homes and two multi-family units. Recently a number of factors have impacted the ability of these services to be continued in Jackson County.

As a result of these issues the availability of substance abuse treatment slots has declined. COMBAT has worked with Swope Health to address their loss of residential beds since 2014. In an effort to address this problem Jackson County COMBAT is partnering with the Missouri Department of Mental Health, Swope Health Services and Healing House. This is an opportunity for Jackson County COMBAT to address a continuing need in treatment services, while serving more residents by levering the cost with the State of Missouri for more residential slots in Jackson County. This will purchase 8.5 beds per month for males and females which are currently in short supply. Healing House of Kansas City is Access to Recovery (ATR) certified as well as a 501(C) 3 non-profit organization.

Cc: Cathy Jolly, Senior Advisor to the County Executive