

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~ Ord No.: 4842

Sponsor(s): Theresa Galvin

Date: May 10, 2016

<p>SUBJECT</p>	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Appropriating \$14,649 from the Undesignated Fund Balance of the 2016 Health Fund for the re-allocation of the unspent 2015 River of Refuge contract agreement and authorizing a first addendum to the 2016 contract agreement with River of Refuge. River of Refuge was previously authorized \$50,000 per Resolution 19043 on January 19, 2016.</p>										
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="310 653 1284 968"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$14,649</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$50,000</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$64,649</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td>Undesignated Health Fund Balance FROM: 002--2810 TO: 002-7769-56789</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$14,649	Amount previously authorized this fiscal year:	\$50,000	Total amount authorized after this legislative action:	\$64,649	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO:	Undesignated Health Fund Balance FROM: 002--2810 TO: 002-7769-56789
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): Resolution # 19043 1/19/2016 <i>R# 18943 1/19/16</i></p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p>										
<p>REQUEST SUMMARY</p>	<p>Increase 2016 outside agency contract agreement amount by \$14,649 for River of Refuge This \$14,649 increase is a re-allocation of the unspent 2015 contract funds and will require an appropriation of funds from the Undesignated Health Fund Balance.</p>										
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>										
<p>ATTACHMENTS</p>	<p>Revised Budget Page</p>										
<p>REVIEW</p>	<table border="1" data-bbox="302 1703 1239 1950"> <tr> <td>Department Director: <i>Cris Wooderson</i></td> <td>Date: <i>5.2.2016</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td>Date: <i>5/3/16</i></td> </tr> <tr> <td>Division Manager: <i>Marylou Brown</i></td> <td>Date: <i>5/4/16</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: <i>Cris Wooderson</i>	Date: <i>5.2.2016</i>	Finance (Budget Approval): <i>If applicable</i>	Date: <i>5/3/16</i>	Division Manager: <i>Marylou Brown</i>	Date: <i>5/4/16</i>	County Counselor's Office:	Date:		
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Division Manager: <i>Marylou Brown</i>	Date: <i>5/4/16</i>										
County Counselor's Office:	Date:										

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

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



Section B
2016 Program AMENDED Budget Request

Ord. 4842

RECEIVED

APR 29 2016

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Program Request # _____

Agency Name:

River of Refuge

Program:

Transitional Housing Program

New Program Request

Previously Funded

Salaries

attach job description or duties for NEW Program requests only

Position / Title	Amount	Check Box if 100% Funded by Jackson County
Family Care Coordinator (Case Worker)	\$ 12,000	<input type="checkbox"/>
Program Director Salary	\$ 46,000	<input type="checkbox"/>
		<input type="checkbox"/>
Fringe Benefits	\$ 4,000	

Total Salaries & Fringe Benefits \$ 62,000

Contractual Services & Supplies

Description	Amount	Check Box if 100% Funded by Jackson County
Household and Cleaning Supplies	\$ 2,649	<input type="checkbox"/>
		<input type="checkbox"/>

Total Contractual Services & Supplies \$ 2,649

Total 2016 Program Budget Request \$ 64,649

Total Program Cost	\$ 608,000
<i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i>	
Estimate of Cost Per Participant	\$ 6,756

