

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 5046

Sponsor(s): Crystal Williams

Date: November 13, 2017

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Missouri Regional Opioid Summit – Kansas City Region</u></p>																	
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1"><tr><td>Amount authorized by this legislation this fiscal year:</td><td>\$1500</td></tr><tr><td>Amount previously authorized this fiscal year:</td><td>\$0.00</td></tr><tr><td>Total amount authorized after this legislative action:</td><td>\$1500</td></tr><tr><td>Amount budgeted for this item * (including transfers):</td><td>\$0</td></tr></table> <table border="1"><tr><td>Source of funding (name of fund) and account code number; FROM / TO</td><td>FROM ACCT 010-2810</td><td>1500.00</td></tr><tr><td>Grant Fund – undesignated fund balance</td><td></td><td></td></tr><tr><td>Grant Fund – Missouri Regional Opioid Summit – meeting expense</td><td>TO ACCT 010-1225-56160</td><td>1500.00</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): N/A Prior Year Actual Amount Spent (if applicable): N/A</p>	Amount authorized by this legislation this fiscal year:	\$1500	Amount previously authorized this fiscal year:	\$0.00	Total amount authorized after this legislative action:	\$1500	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT 010-2810	1500.00	Grant Fund – undesignated fund balance			Grant Fund – Missouri Regional Opioid Summit – meeting expense	TO ACCT 010-1225-56160	1500.00
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PRIOR LEGISLATION	<p>Prior ordinances and (date): none</p> <p>Prior resolutions and (date): none</p>																	
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Teesha Miller, PDMP, 816-513-6052</p>																	
REQUEST SUMMARY	<p>This request to authorize the County Executive to exercise a contract to receive funds from the Department of Health and Senior Services in the amount of \$1500 in support of the 2017 Missouri Regional Opioid Summit. Also to appropriate \$1500 from the undesignated fund balance of the grant fund to cover the cost of supplying food and beverages at the 2017 Missouri Regional Opioid Summit – Kansas City Region. The summit will occur on November 9, 2017. The total cost is \$1500 and there is no additional expected expenses.</p> <p>Please appropriate the \$1500 into the account listed below:</p> <p>010-1225-56160 1500.00</p>																	
CLEARANCE	<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>																	

ATTACHMENTS	Contract for Services	
REVIEW	Department Director:	Date:
	Finance (Budget Approval):	Date:
	If applicable	Date:
	Division Manager:	Date:
	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:
010-2810	Grant Fund – undesignated fund balance	\$1,500.00

- ☐ 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.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG
Director



Eric R. Greitens
Governor

Ord. 5046

November 1, 2017

Jackson County Missouri
Frank White, Jr. County Executive
Att: Teesha Miller
415 E 12th St. 2nd Floor
Kansas City, Mo 64106

Dear Dr. White,

The Department of Health and Senior Services will provide \$1,500 for your use in organizing and conducting a regional meeting on November 9, 2017 to raise awareness, provide education, and build community support to respond to the public health dangers posed by opioids. Please return any unused funds to the contact listed below.

To receive payment from the department, please submit an invoice billed to the department.

Submit this signed letter of agreement and the completed invoice and send to:

Department of Health and Senior Services
ATTN: Marcia Mahaney
P.O. Box 570
Jefferson City, MO 65102-0570

Your signature signifies that you agree with the terms stated above.

Thank you for your assistance in this very important issue facing public health.

Sincerely,

Bret Fischer, Deputy Director
Department of Health and Senior Services

Frank White, Jr, County Executive

Jackson County

Date

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Funds sufficient for this appropriation are available from the source indicated below.

ORD # 5046

[illegible]

Sarah Mathes 11/3/17
Budgeting

INVOICE

DATE: November 1, 2017

TO: Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570

FROM: Jackson County

Invoice for funds to use in hosting meetings for education and awareness of opioid abuse. Funds will be used toward costs associated with organizing and conducting meetings related to this issue.

AMOUNT: \$1,500

Advance Payment Required