

REQUEST FOR LEGISLATIVE ACTION EXECUTIVE OFFICE

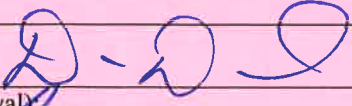
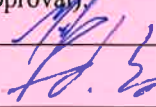

APR 26 2019

Completed by County Counselor's Office:

Res/Ord No.: 20158

Sponsor(s): Charlie Franklin

Date: May 6, 2019

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: <u>A Resolution transferring \$27,408 within the 2019 General Fund to populate personnel line items (part-time salaries and FICA) for a Part-time wellness coordinator.</u>													
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="310 491 1503 867"> <tr> <td>Amount authorized by this legislation this fiscal year:</td><td>\$27,408</td></tr> <tr> <td>Amount previously authorized this fiscal year:</td><td>\$0</td></tr> <tr> <td>Total amount authorized after this legislative action:</td><td>\$27,408</td></tr> <tr> <td>Amount budgeted for this item * (including transfers):</td><td>\$0</td></tr> <tr> <td>Source of funding (name of fund) and account code number; FROM: 001-1202-56711 General Fund – Human Resources – Wellness Incentive</td><td>\$27,408</td></tr> <tr> <td>TO: 001-1202-55025 General Fund – Human Resources – Part-time Salaries 001-1202-55040 General Fund – Human Resources – FICA Taxes</td><td>\$ 25,460 \$ 1,948</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)</p> <p><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): _____</p> <p>Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$27,408	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$27,408	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 001-1202-56711 General Fund – Human Resources – Wellness Incentive	\$27,408	TO: 001-1202-55025 General Fund – Human Resources – Part-time Salaries 001-1202-55040 General Fund – Human Resources – FICA Taxes	\$ 25,460 \$ 1,948
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PRIOR LEGISLATION	Prior ordinances and (date): <u>Ord. 4754 (7/13/2015), Ord. 4810 (1/4/2016), Ord 4950 (1/23/19) and Ord 5070 (2/5/18).</u> Prior resolutions and (date): _____													
CONTACT INFORMATION	RLA drafted by (name, title, & phone): <u>Dennis Dumovich, Director of Human Resources, 816-881-3140</u>													
REQUEST SUMMARY	This is a request to transfer \$27,408 within the 2019 General Fund for the purpose of retaining the Part-time Wellness Coordinator. Retaining a Wellness Coordinator will allow the Human Resources department to dedicate valuable hours to the coordination and execution wellness initiatives throughout Jackson County and improve the health and wellness of county employees, thereby, lowering health claims in our health plan. This position is funded by a grant awarded to Jackson County by Blue Cross and Blue Shield of Kansas City.													
CLEARANCE	<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)													
ATTACHMENTS														
REVIEW	Department Director: 	Date: <u>4/24/19</u>												
	Finance (Budget Approval): 	Date: <u>4/26/19</u>												
	Division Manager: 	Date: <u>4/26/19</u>												
	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.

Fiscal Note:

Funds sufficient for this transfer are available from the sources indicated below.

PC# _____

Date: April 26, 2019

RES # 20158[illegible]

Budget Officer