

REQUEST FOR LEGISLATIVE ACTION**EXECUTIVE OFFICE**

NOV 20 2019

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 5296

Sponsor(s): Crystal Williams

Date: November 25, 2019

SUBJECT	Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance Project/Title: Indigent Cremation Reimbursement Grant from the Great Kansas City Community Foundation.													
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>\$63,600</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$63,600</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$63,600</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td>\$63,600</td> </tr> <tr> <td colspan="2"> From: 002-9999-47027 (Health Fund; Non-Departmental; Reimbursement-Indigent Burial) To: 002-1500-56790 (Health Fund; Health Services; Other Contractual Services) </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): _____ Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$63,600	Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:	\$63,600	Amount budgeted for this item * (including transfers):	\$63,600	Source of funding (name of fund) and account code number:	\$63,600	From: 002-9999-47027 (Health Fund; Non-Departmental; Reimbursement-Indigent Burial) To: 002-1500-56790 (Health Fund; Health Services; Other Contractual Services)	
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PRIOR LEGISLATION	Prior ordinances and (date): _____ Prior resolutions and (date): _____													
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Ashley Burke, Executive Assistant, 881-3449													
REQUEST SUMMARY	This is a request to appropriate \$63,600 from the 2019 undesignated fund balance in acceptance of a grant that reimburses the county for the indigent cremations the county pays for. The county receives \$400 per cremation from the Greater Kansas City Community Foundation.													
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)													
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals													
ATTACHMENTS														

REVIEW	Department Director: <i>[Signature]</i>	Date: <i>11-19-19</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>11/20/19</i>
	Division Manager: <i>[Signature]</i>	Date: <i>11/21/19</i>
	County Counselor's Office: <i>[Signature]</i>	Date: <i>11/21/19</i>

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.

AL

Account Number:	Account Title:	Amount Not to Exceed:
<i>47027</i>	<i>Reimbursement - Indigent Burial</i>	<i>\$63,600</i>

- ☐ 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.

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

Ord # 5296

Budget Officer 11/20/19

548727

Greater Kansas City Community Foundation
1055 Broadway Blvd, Suite 130
Kansas City, MO 64105
816.842.0944

DATE 11/13/2019

PAY* Sixty-Three Thousand Six Hundred and no/100 *

DOLLARS

\$ **** 63,600.00

Void after 180 days

TO THE
ORDER OF

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

[Handwritten signature]

[Handwritten signature]



7705	Jackson County Missouri	11/13/2019	548727
239576	11/12/2019 Jackson County indigent burial payment - 10/4/2019 Jackson County 10/04/2019 indi00 payment	63,600.00	63,600.00

CHECK TOTAL : \$ **** 63,600.00

Greater Kansas City Community Foundation

1055 Broadway Blvd, Suite 130

Kansas City, MO 64105

1800.2262

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