

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 20534

Sponsor(s): Theresa Cass Galvin

Date: 10/19/2020 Floor Substitute 11/2/2020

<p>SUBJECT</p>	<p>Action Requested X Resolution Ordinance</p> <p>Project/Title: A Resolution to transfer \$46,046 for Public Administrator furniture and \$2,575 for Public Administrator moving costs.</p>																		
<p>BUDGET INFORMATION To be completed By Requesting Department and Finance</p>	<table border="1" data-bbox="329 562 1401 1041"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$48,621</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>\$48,621</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:</td> <td></td> </tr> <tr> <td>002-3501-55010 Health Fund,Public Administrator, Regular Salaries</td> <td>\$48,621</td> </tr> <tr> <td>TO:</td> <td></td> </tr> <tr> <td>002-Health Fund 3501-Public Administrator 58150-Furniture & Fixtures</td> <td>\$46,046</td> </tr> <tr> <td>002-Health Fund 3501-Public Administrator 56790-Other Contractual Services</td> <td>\$2,575</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:	\$48,621	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$48,621	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number: FROM:		002-3501-55010 Health Fund,Public Administrator, Regular Salaries	\$48,621	TO:		002-Health Fund 3501-Public Administrator 58150-Furniture & Fixtures	\$46,046	002-Health Fund 3501-Public Administrator 56790-Other Contractual Services	\$2,575
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date):</p>																		
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): John Killian, Public Administrator 816.881.3775</p>																		
<p>REQUEST SUMMARY</p>	<p>This request will transfer the necessary funds to replace flood damaged furniture for the Public Administrator's Office and to move undamaged items from the old jail back to the Public Administrator's Office in the Courthouse.</p> <p>The vendor for the new furniture is Office Products Alliance pursuant to term and supply contract bid number 33-20A.</p> <p>We received three estimates for the moving expenses: A Arnold pursuant to term and supply contract GS33F0001T \$7,744.00; All My Sons Moving \$2,104; and, Two Men and A Truck \$1,955 to \$2,575. We recommend accepting the Two Men and a Truck estimate because it provides for six to eight hours of labor while the All My Sons estimate provides for three hours.</p>																		
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department)</p>																		

	<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	1. Office Products Alliance Cover Letter and Furniture Quote 2. A Arnold Movers Estimate 3. All My Sons Movers Estimate 4. Two Men and a Truck Movers Estimate	
REVIEW	Department Director: <i>[Signature]</i>	Date: 11/1/2020
	Finance (Budget Approval) Administrator: <i>[Signature]</i> <i>If applicable</i>	APPROVED By Mark Lang at 8:55 am, Nov 02, 2020
	Division Manager: <i>[Signature]</i>	Date: 11-2-2020
	County Counselor's Office: <i>[Signature]</i>	Date: 11/2/20

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.