Administration and Human Services Committee
Standing Committee Meeting Agenda
Monday, November 28, 2016
6:00 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
5th Floor Conference Room (Suite 515)

Name	Absent
Commissioner Angela Markley, Chair	☐
Commissioner Melissa Bynum	☐
Commissioner Mike Kane	☐
Commissioner Harold Johnson	☐
Commissioner Jane Philbrook	☐

I. **Call to Order/Roll Call**

II. **Revisions to November 28, 2016 Agenda**

III. **Approval of standing committee minutes from September 19, 2016.**

IV. **Measurable Goals**

V. **Committee Agenda**

Item No. 1 - GRANT: HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

Synopsis: Request to accept a grant, if approved, from the Health Care Foundation of Greater Kansas City for $61,383, submitted by Terry Brecheisen, Health Department Director. The grant would fund a breast health patient navigator with an emphasis on African American women to help eliminate barriers to timely cancer screening, diagnosis, treatment and supportive care. No match is required.

Tracking #: 16872

Item No. 2 - PRESENTATION: NEXTREQUEST

Synopsis: Presentation on NextRequest, a software package that tracks open records

requests, submitted by Bridgette Cobbins, UG Clerk.

For information only.
Tracking #: 16847

Item No. 3 - PRESENTATION: OPEN DATA GOVERNANCE ADMINISTRATIVE POLICY
Synopsis: Presentation of the Open Data Governance Administrative Policy, submitted by Alan Howze, Chief Knowledge Officer.

For information only.
Tracking #: 16861

Item No. 4 - ORDINANCE: DISSOLVE ALCOHOL AND DRUG FUND ADVISORY COMMITTEE
Synopsis: An ordinance relating to the dissolution of the Alcohol and Drug Fund Advisory Committee, submitted by Gordon Criswell, Assistant County Administrator.
Tracking #: 16881

Item No. 5 - UPDATE: COMMUNITY DEVELOPMENT PROGRAMS
Synopsis: Update on Community Development programs: 2016 CDBG timeliness of expenditure, Home Repair Program budget revision, and timeline for 2017-2018 CDBG application process (if feasible), submitted by Wilba Miller, Community Development Director.

For information only.
Tracking #: 16882

VI. Public Agenda

Item No. 1 - APPEARANCE: WILLIAM "BILL" MOORE
Synopsis: Appearance of William "Bill" Moore regarding taxes, misappropriation of funds, and the performance of the Mayor.
Tracking #: 16884

VII. Adjourn

ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, September 19, 2016

The meeting of the Administration and Human Services Standing Committee was held on Monday, September 19, 2016, at 5:45 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Markley, Chairman; Commissioners Philbrook, Johnson, and Bynum. Commissioner Kane was absent. The following officials were also in attendance: Gordon Criswell, Joe Connor, and Melissa Mundt, Assistant County Administrators; Ken Moore, Chief Legal Counsel; Kathleen VonAchen, Chief Financial Officer; Terry Brecheisen, Director of Public Health Department; Patrick Waters and Henry Couchman, Senior Attorney.

Chairman Markley called the meeting to order. Roll call was taken and all members were present as shown above.

Chairman Markley said a blue sheet has been distributed this evening. Item No. 3 the March of Dimes grant application has been removed at the request of the Health Department, but just because we wanted to make sure we had the same number of items; we're adding Item No. 5 to set a budget hearing date for the Wyandotte County Library.

Approval of standing committee minutes for July 25, 2016**. On motion of Commissioner Johnson, seconded by Commissioner Philbrook, the minutes were approved**. Motion carried unanimously.

Measurable Goals:
Item No. 1 – 16769… DISCUSSION: REVIEW OF DEPARTMENT GOALS
Synopsis: Presentation and discussion of measurable goals for various departments, submitted by the County Administrator's Office.

The list of measurable goals was presented to the Administration and Human Services Standing Committee on August 22, 2016.

Chairman Markley said as with the last committee we received a list last month and we're directed to consider sort of generally what those goals—whether those goals are being presented in a way that we like and if we want other changes before we move into our Strategic Planning discussion. Do you have anything to add? **Joe Connor, Assistant County Administrator,** said no. These are just specific to this particular committee so if there's anything specific to this committee that you'd like to see differently than what you have in front of you, but I think your comments from the last meeting are probably still applicable. **Chairman Markley** said I just ditto what I said last meeting. Does anyone have additional comments?

Commissioner Bynum said I'm not sure I can articulate it, but I remember when Aging Services was here talking with us about their goals and the goal is listed as reduce the number of eligible clients waiting for services through Senior Care. Well, we will have some movement on that due to the fact that we funded part of the shortfall of the cuts that were given to that. I'm going to have to give this a little bit more thought. I may have to phone you or email you. I just remember back when they were in front of us, I had a concern about a portion of this and I can't articulate it right at the minute. **Mr. Connor** asked is it in regards to the waiting list and then the funding we did to supplement that? **Commissioner Bynum** said it was, I think that might have been a part of it. I'm just going to have to go back and look at it again.

Chairman Markley said it's always nice. Commissioner Bynum gets the brunt of those sort of items as we kind of cover them both at once.

Action: *For information only.*

Committee Agenda:

Item No. 1 – 16778…DISCUSSION: DE-ANNEXATION OF A PORTION OF HOLIDAY DRIVE NEAR LAKE QUIVIRA

Synopsis: Explanation and discussion of the statutory procedure and reasons for de-annexation of land near Lake Quivira, submitted by Ken Moore, Chief Legal Counsel.

Ken Moore, Chief Legal Counsel, said, Commissioners, this is just basically a brief heads up on an item that we believe is going to move forward. We've been approached by a property in the Lake Quivira, Inc, it's a private entity who owns four different parcels that's currently within the city limits of Kansas City, KS. For various reasons they would like the city, KCK to de-annex that property so that it can be annexed into the city of Lake Quivira. These four parcels, the information indicates it's probably a grand total of 80 acres, and right now most of it is vacant. The total taxes paid on this property total is like $16,000 a year in 2015.

This is kind of getting a heads up as we anticipate the process will be that they will file a formal petition with the UG Clerk. That will be set for a public hearing. It can be heard by either the Planning Commission or by the UG Commission acting as the city. There are various factors that you take into consideration determining whether this is appropriate action to be taken by the Commission. If it is actually de-annexed, then the property owners will petition to Lake Quivira and since they own all the property, it's a very streamlined process for them, for Lake Quivira to then annex the property into their city. This is mainly along Holiday Drive. The Public Works Department supports the concept at least as it is now, but the more information of course we'll get after a formal petition is actually filed.

One thing is if it does, and you would decide this, the Commission would decide whether they are going to hear it directly themselves or have the public hearing held before the Planning Commission. If it was held before the Planning Commission, then the matter would come to you like any other Planning & Zoning matter with the same type of action. You could accept it or not or change the recommendation with eight votes.

Chairman Markley said I will just say this is in my district. My understanding is this discussion happened once previously and just didn't move forward for whatever reason and my impression is that the idea is that these lots would be developed potentially earning us more tax

dollars on the county side than they are as vacant lots. I think it's worth our consideration and obviously more information would be forthcoming upon which we would base that decision.

Commissioner Philbrook said so the property is concurrent with Lake Quivira. **Mr. Moore** said correct. **Commissioner Philbrook** said and you say it's along Inland Drive. **Chairman Markley** said yes. Inland turns into Holiday. **Mr. Moore** said yes, basically Holiday Drive. **Commissioner Philbrook** said just questioning, just thinking. **Mr. Moore** said essentially it would shift our city boundary. Of course it would still be in the county so we would get the county portion of the taxes, but it would shift to the Kansas City, KS boundary north to exclude these four parcels from KCK and add them into Lake Quiriva. It would still be part of Wyandotte County and we would still get the county benefit, which if it is developed, obviously it could be significant more money than what the city would be losing. Again, at this point and time its just for information. Once we relay this to them and have them file a petition and then we'll address that and set a public hearing for that and however you want to direct us.

Action: For Information only.

Item No. 2 – 16781… PROJECT: COMMUNITY HEALTH ASSESSMENT

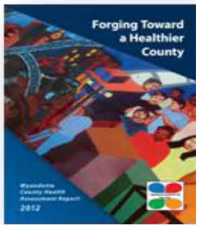
Synopsis: The UG Public Health Department is currently initiating a comprehensive Community Health Assessment to begin October 2016, and be completed by March 2017, submitted by Terry Brecheisen, Health Department Director. This is one of the steps taken to achieve accreditation. Cost included in the budget.

Terry Brecheisen, Health Department Director, said the Health Department has taken on quite a significant task and we're excited about it and wanted you to know about it because your constituents might be participating in it, might have some questions on it. We wanted to tell you what in the heck we're going to do and why we're going to do it. Joanna Sabally is here and she is the coordinator of our Health Improvement and Planning Program. Joanna is spearheading this community project for the Health Department that involves a lot of community agencies and it will involve a lot of citizens. I'll let Joanna tell you what has happened, what's going to happen and go through a timeline for this project.

Community Health Assessment and Planning: Wyandotte County

Background

The fundamental purpose of Public Health is defined by three functions: Assurance, Assessment and Policy Development (see graphic below). Public health departments should lead their communities in an assessment and planning process every five years (PHAB Standards, v 1.5). Wyandotte County's last Community Health Assessment was in 2012.



The Public Health Department of the Unified Government of Wyandotte County and Kansas City, Kansas is currently initiating a comprehensive **Community Health Assessment** to be initiated in October 2016 and completed in March 2017. This will include:

- ✓ Identifying and describing the community's health and areas for improvement
- ✓ Collecting data and information about factors contributing to the county's health, including specific health inequities and populations at risk
- ✓ Conducting a concerns survey and focus groups and working with community partners to gather data from assessments and surveys already conducted
- ✓ A large amount of community stakeholder participation

Community Health Improvement Plan

The Community Health Assessment collects and presents data. The second stage in the process is completing a comprehensive community health improvement plan (CHIP). This plan creates a **community-driven blueprint for community health improvement** for the next five years. The CHIP builds on Healthy Communities Wyandotte's Recommendations for a Better Future and outlines a health improvement plan for the next 5 years with strategies that:

- ➢ Are measurable and time-framed
- ➢ Are evidence-based, practice-based, promising or innovative practices
- ➢ Consider social determinants and health inequities
- ➢ Include plans for policy change
- ➢ Consider state and national health improvement priorities
- ➢ Identify individuals or organizations responsible for each strategy's implementation
- ➢ Are based on data and community priorities identified by the Community Health Assessment
- ➢ Include significant community stakeholder participation

Sample Section from a Community Health Improvement Plan (CHIP)

OBJECTIVE #2:
Increase the participation in the RSVP Bone Builders Program in Logan County
STRATEGY: Expand the Bone Builders Program.
Source: Logan County Community Health Assessment
Justification: 70.7% of respondents very concerned/concerned about Lack of Physical Activity and Access to fitness facilities
Evidence Base: *Bone Builders Program developed by Rutgers University*
Policy Change (Y/N): *No*
ACTION PLAN

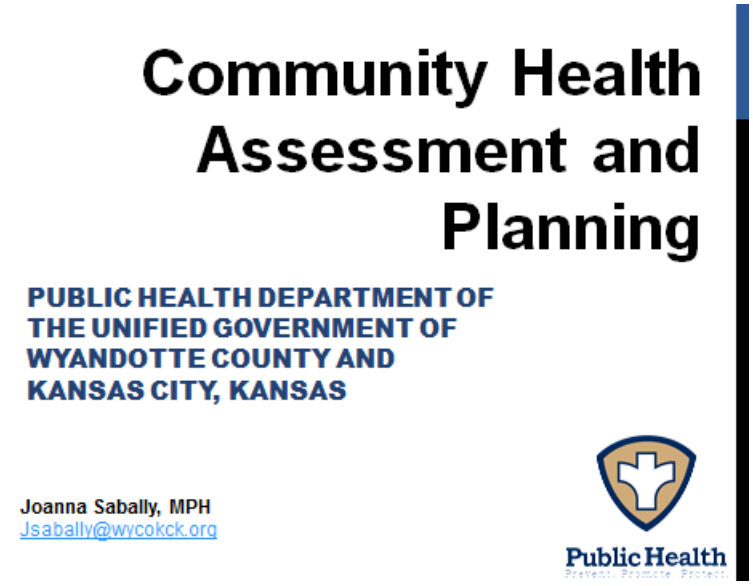
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Research funding prospects to cover start-up costs	Dec. 31, 2012	One	Tami Dillman – Central Valley Health	Funding Prospect List	Motive
Provide an update to Interagency Group and Promote the process	Jan. 14, 2013	Two and Three	Robin Izzle and Jean Johnson – Central Valley Health	Community Support	Education
Work with RSVP+ND Program to determine Gackle location and establish program	Dec. 2015	Two and Three	Deb Lee – South Central RSVP+ND Program Coordinator	Gackle Program	Ability

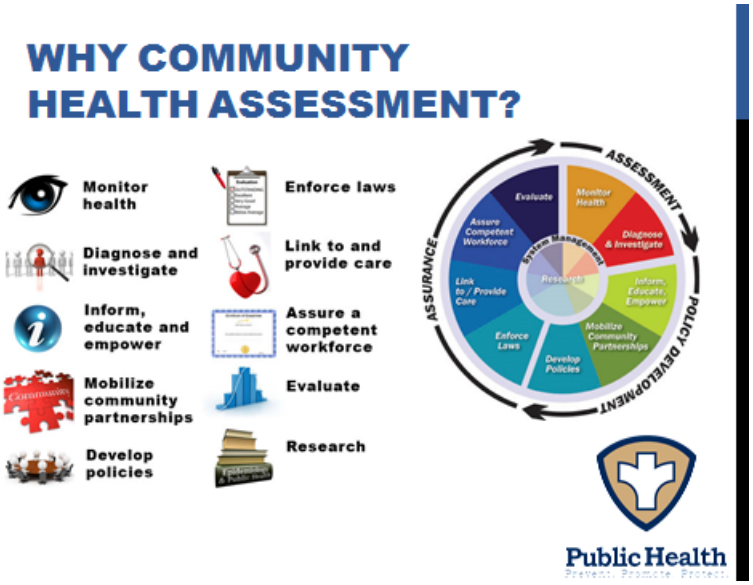
Updated September 2016

Highlight: What is PHAB?

PHAB is the Public Health Accreditation Board. PHAB has developed standards for excellence for city, county, state and tribal health departments across the nation. PHAB accreditation is voluntary but is expected to eventually be required or impact funding (the State of Ohio has required all Ohio health departments to become accredited).

PHAB has developed standards for both Community Health Assessments and Community Health Improvement Plans to ensure these processes are high quality. Wyandotte County will want to meet these standards in order to guarantee quality outcomes and to include these required processes in the health department's PHAB accreditation application.

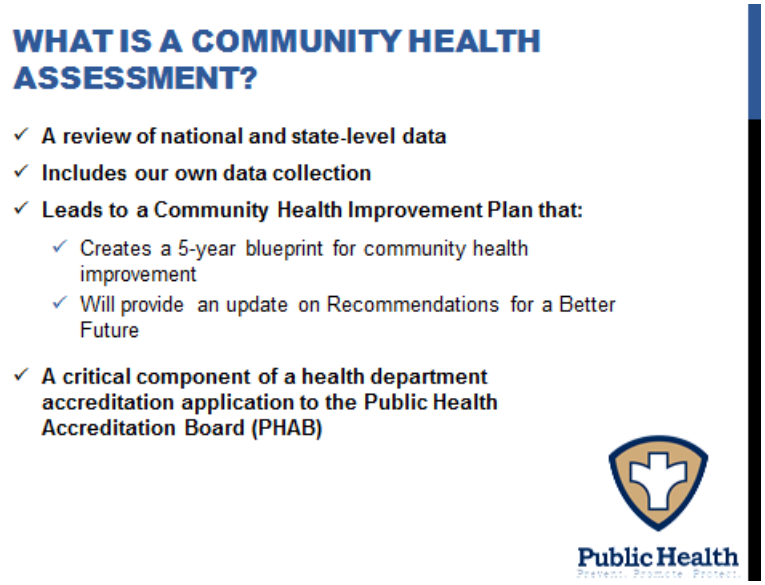




Joanna Sabally, Health Department, said if you're not familiar already, there are ten essential services in public health. Monitoring health, diagnosing and investigating, informing, educating and empowering, mobilizing community partnerships, developing policies, enforcing laws, linking to and providing care assuring a competent public health workforce, evaluating and

researching are the ten essential services. A comprehensive Community Health Assessment falls squarely in the first essential service of public health, so monitoring.

It's been about five years since our last Comprehensive Community Assessment. On your handout there's a picture of it. It was called Forging Toward a Healthier County. If you remember that was published in 2012, right after the Recommendations For a Better Future document came out in 2011.



What is a Community Health Assessment? A Community Health Assessment provides a strategic planning opportunity for all stakeholders involved in community health improvement to work together to identify priority goals and targets based on resident input. It's similar to the Parks Planning Process that they're undergoing right now. It revolves a review of national and state level data. Also, we know that a lot of assessments happen in Wyandotte County; a lot of research happens related to health. We've pulled together data from those assessments to share also as part of this process, really looking at anything that anyone has done researching health in the county. It also includes our own data collection process. I'll share more information about that on the next slide. It also leads to a Community Health Improvement Plan that creates a five-year blueprint for community health improvement and can provide an update to recommendations for a better future that's now five years old. It's also a critical component of

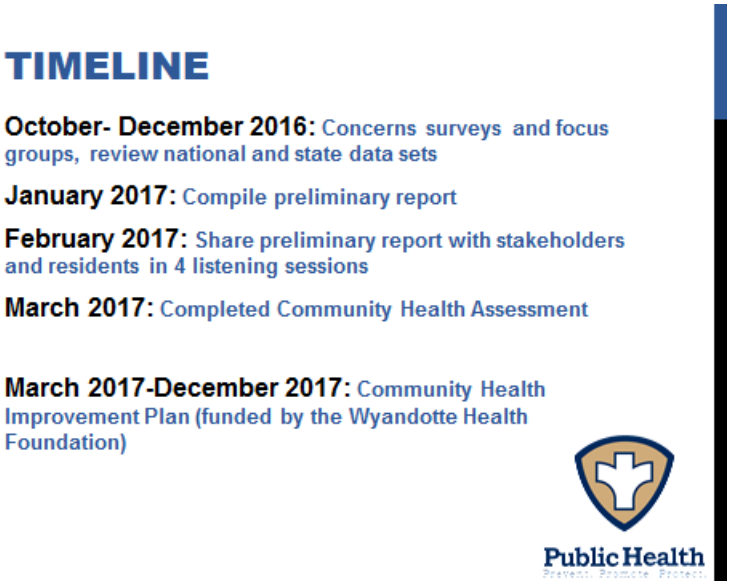
our Health Department being able to apply for accreditation through the Public Health Accreditation Board, which provides standards for excellence for all health departments in the nation. It's a voluntary accreditation at this point.

This process will involve a lot of community engagement. Both CHA (Community Health Assessment) and CHIP as they're titled but the Community Health Assessment and the Community Health Improvement Plan, they both are intended to really be community driven processes. Not, oh the Health Department is creating their plan, but the community is creating it's plan for community health improvement and really trying to better understand what's going on right now in terms of the status of our counties health.

As you can see, we've pulled in a lot of organizations already. We have a team that's begun to think about implementing this process. We actually have a consultant that's supporting us and that's KU Work Group out of Lawrence. The Wyandotte Health Foundation, Healthy Communities Wyandotte will be using partnerships and the network from these organizations and the Community Health Council of Wyandotte County as well as the United Way of Wyandotte County have pulled in several other key community partners.

We'll be doing a concerned survey where residence will have the opportunity to rate their health or health related issues, importance and satisfaction. We'll also be conducing focus

groups and then once we have our preliminary results, we'll be doing listening sessions to vet out those results of does this data sound right to residents.



Our timeline for this is that we'll be collecting all the data from October to December of this year so that will include the concern survey, focus groups and reviewing all the data stats that we're looking at. In January we'll be compiling a preliminary report because we do need to share that back out with stakeholders which will happen in four listening sessions, which we believe will be in February, 2017. The goal is to have the entire assessment completed in March. From March to December we'll be conducting a Community Health Improvement Plan and it will be a smart goal, you know smart objectives for the community include, which organizations in the county are willing to sign on to make these goals a reality. The Wyandotte Health Foundation has actually committed $25,000 towards that process, so we're very happy about that. I'd like to open it up, if you have any questions about this.

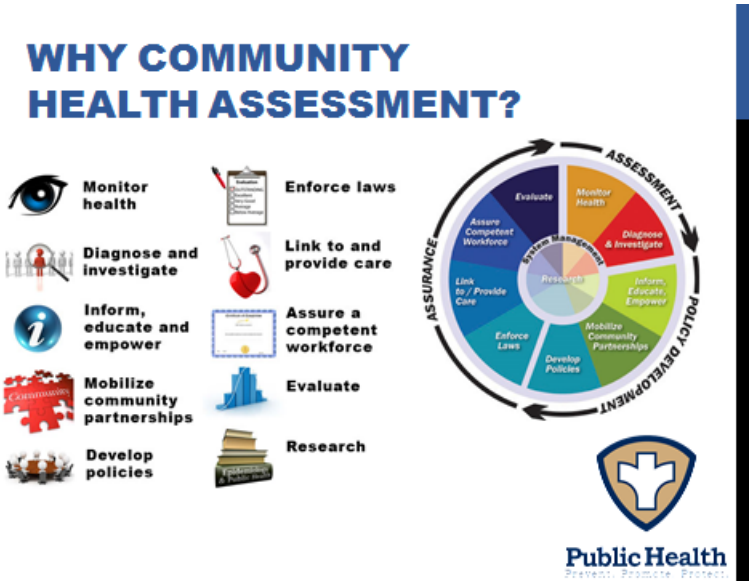
Commissioner Bynum said for my purposes and anyone watching that has an interest in this, we know that our county health ranking has hovered at the bottom of the 105 counties and we know that Healthy Communities Wyandotte has been broken up into action teams to address the issues that were brought forward by the health ranking which that ranking used, in my opinion, a lot of

socioeconomic factors to determine the health of our community. You've probably heard me ask this before. I'm really trying to wrap my head around when we talk about a Community Health Assessment and a data collection, what kind of data and then we will move from the assessment into the Health Improvement Plan and does that in any way intersect with or cross paths with those socioeconomic factors that landed Wyandotte County in 100th place out of 105 counties because I know we want to move the needle on that, but they are measuring a whole bunch of other stuff when they say we're in last place. How do they work together? How are they the same? Finally, sorry, do you think that the Health Improvement Plan is going to help move the needle on the last place ranking. I know that's a lot of questions, but I would hope those things are all woven together. **Ms. Sabally** said yes, absolutely. Of course, we know that social determinants of health, as we call them in the public health world, do impact health factors and health outcomes in the county. When we look at the national data sets, we'll be looking at similar things that the county health rankings look at, but also we'll look at state level data, but one of the challenges as you know with the county health ranking's data is that it lags several years behind oftentimes. Some of those are great national datasets like the Behavioral Risk Surveillance Survey. We will utilize some similar datasets but also trying to branch out into additional ones, including Census data and things that do cover socioeconomic issues.

Another thing is that the concern survey will cover concerns that are not just health but are health related in the sense of you know having a job is a health issue. We're still working to put together that survey but that's definitely covered. For somebody that may be that primary concern. **Commissioner Bynum** said that's right. **Ms. Sabally** said I'm not healthy because I don't have a job. We're definitely attempting to look at it through that lens. With regards to if it can move the needle. You know it's challenging when we have perhaps one of the biggest things we can do to improve health is raising the income of Wyandotte County residents. Will we accomplish that in five years? I can't say that we will for sure but we will definitely—the goal is not to also—for example, if this assessment uncovers that a major area for concern is jobs, we're not hoping to co-op work that's being done on that area but we want to support what the others are doing with our network.

Commissioner Bynum asked could you go back one slide to where you show your partners. I would think at that point at that intersection right where you are, you know workforce partnership or workforce development, whatever that entity is called these days— **Commissioner Philbrook** said there are two of them. It's called Workforce Partnership or Kansas Works that is the state entity and then you have Workforce Solutions through Wyandotte Economic Development. **Ms. Sabally** said so Greg Kindle, from Wyandotte Economic Development (WYEDC) is on our planning committee because we are aware of that being a major concern. **Commissioner Philbrook** asked do you work with Workforce Partnership on that. **Ms. Sabally** said no, currently we're trying to keep it fairly small. This is just the planning, planning committee, kind of how the logistics run out. In terms of engaging additional stakeholders, that will be done along in the process. **Commissioner Philbrook** said yes, you saw that look. I don't agree with you in this case but oh you're doing it. **Commissioner Bynum** said you'll just want to make sure that as you engage and do not only the assessment but the plan that you do include. **Ms. Sabally** said yes, absolutely. The planning process is much broader. It will encompass a hundred or more stakeholders whereas the assessment process actually will too, but I'm just talking about the people who are helping decide how do we do the outreach, what phone calls are we making. **Commissioner Bynum** said okay.

Commissioner Johnson asked does that initiate in October or does that actually initiate in—year one does that initiate in October or next year of this year. 2016 or 2017, I'm sorry. **Ms. Sabally** said 2016.



Commissioner Johnson said if you go to the last slide, what takes place after December 2017, just in the general sense. **Ms. Sabally** said so after December 2017, we will have our Community Health Assessment and we will have our Community Health Improvement Plan. According to accreditation standards, we are required to review and update those annually, look and check-in on progress. Currently, we have an evaluation tool that we have called the community checkbox where we document the progress that we're making on measureable goals through Healthy Communities Wyandotte and the Recommendations for a Better Future. We'll be using that type of documentation and saying, you know here's the progress that we've made on this plan, every year. These documents last. Generally the best practice is to update these every five years.

Action: *For information only.*

Item No. 3 – 16782… GRANT APPLICATION: MARCH OF DIMES

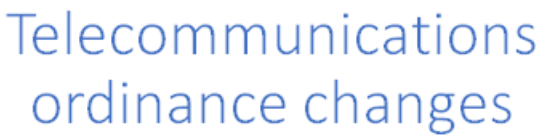
Synopsis: Request authorization to apply for a $60,000 March of Dimes Grant, in collaboration with KU Medical Center and the Community Health Council, to provide a Medicaid Eligibility Specialist position who would work from multiple sites, submitted by Terry Brecheisen, Health Department Director. No match is required.

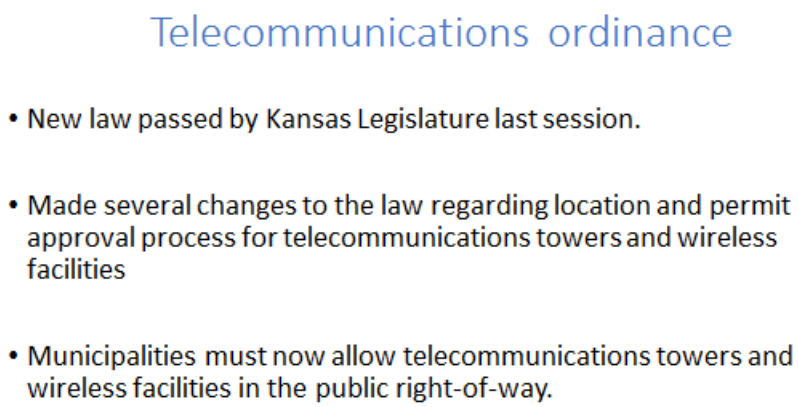
Action: *Removed from agenda.*

Item No. 4 – 16788…ORDINANCE AMENDMENT: SPECIAL USE PERMIT REQUIREMENTS

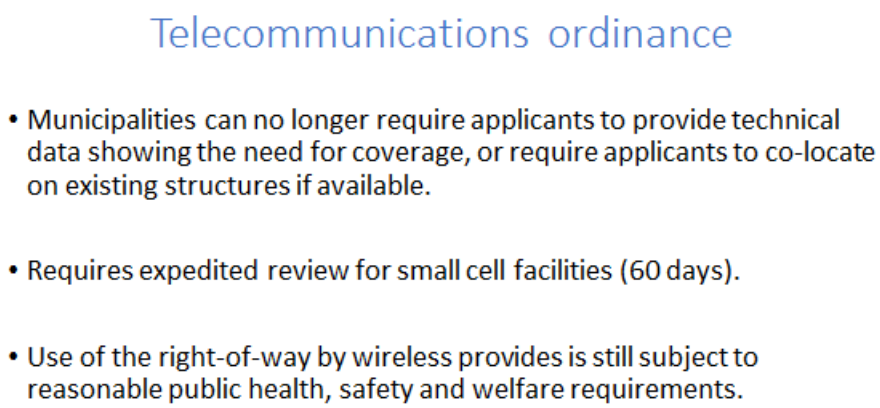
Synopsis: Revisions to Section 27-593 concerning special use permit requirements, submitted by Robin Richardson, Planning Director. While some changes were mandated, this will also address a request from BPU to take down old water towers and replace them with stealth telecommunication poles.

Request item be referred to the Planning Commission for review and recommendation.

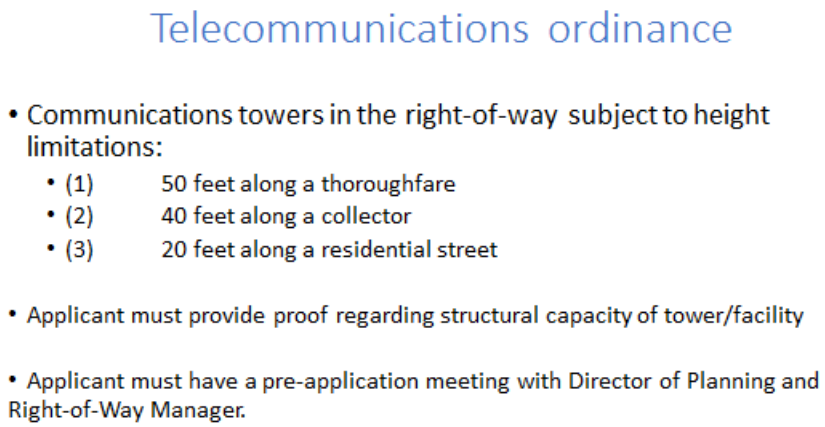




Patrick Waters, Senior Attorney, said before I begin, I just wanted to make sure that everyone has the latest version that I emailed. **Chairman Markley** said you should have received by email today an updated version. **Mr. Waters** said let me pass that out. The Kansas Legislature recently made changes to the laws regarding the citing of telecommunication towers and cell phone wireless facilities as well as the permitting process. The main takeaway from this is that municipalities must now allow telecommunication towers and wireless facilities in the right-of-way.

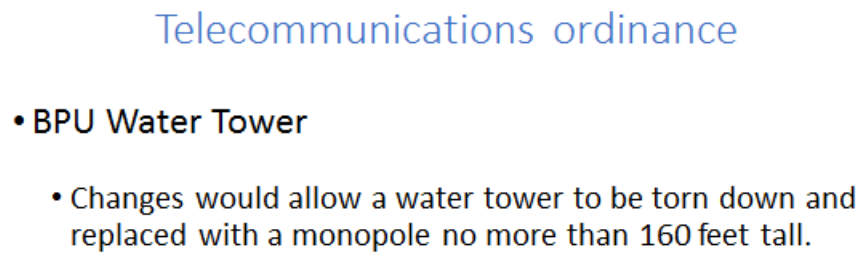


The other big change to this is that municipalities can no longer require applicants to provide technical data requiring the need for coverage. In the past we have required applicants to show what's called a propagation map where they would show where their existing coverage was and where their gaps in coverage were. We would also sometimes require a drive test study, where an applicant would actually drive around town and test their signal to show where the strengths were. Unfortunately, we can't do that anymore. This law takes away our ability to require that kind of data from applicants. It also requires an expedited review process for what's called small cell facilities.



This is kind of the trend where the industry is heading. Instead of the large, huge towers, I think you're going to start seeing a lot of lower, smaller towers and kind of—I don't know all the technology behind it, but you can get 20 small towers that work together and basically have even more power than the huge 100 ft. towers that we used to see. That's kind of where the industry is heading. Even though we do have to allow wireless facilities in our right-of-way now, it is still subject to reasonable public health safety and welfare requirements. We've put some in there. Some of the highlights are, we do have height limitations in our right-of-way. We're going to limit it to 50 ft. along the thoroughfare, 40 ft. along collector's street and 20 ft. along residential streets so we won't be seeing applications for huge 150 ft. towers and the like, at least in our right-of-way. We are going to still require that they show proof, an engineering statement

showing that the tower is structurally sound. I think we'll probably expect to see a lot of requests to collocate on our existing on our existing utility poles because that's kind of the trend, using the smaller towers anyways. It probably makes sense for them to want to locate on our utility poles and if they do that, we just want to make sure that they can prove that the facility, the weight that they're going to add to the pole— that the pole is going to be able to support it. We'll also require them to have meetings with our Director of Planning and our Right-Of-Way Manager.



The final change, this is kind of on a different vein but since we were updating our telecommunications ordinance, BPU had a request. They've had an issue where we have wireless facilities on various water towers throughout the city. They like to be able to take some of these abandoned water towers down, but if they do that they would be breaking the contract with the cell carrier. As it currently stands, we would not allow a new construction to go up where that tower was. BPU has requested that we simply add an amendment that would allow them to replace a water tower with a monopole so they don't have to break those contracts. Again, this is to bring us into compliance with the state law. We're asking for a recommendation to forward to Planning Commission.

Commissioner Philbrook said first off, a real quick question. One of the first things I had to deal with was a new tower being put up just north of 78th & Leavenworth Road. There had

previously been a BPU water tower but it had been taken down and the people that were across the street were up in arms because they didn't want no stinking tower there. Hey, you know, they have their rights too and we came to an agreement to put up a single tower instead of a big A shaped. They were very good, BPU was very good about doing it, but in this I don't see anything that says that there's any questioning about whether the folks who are right next to the tower have any rights. Is it in here? I didn't see it. **Mr. Waters** said absolutely. Notice is provided to all surrounding neighbors, the property owners, just like you would have in a typical zoning case. Those residents would have the right to comment. **Commissioner Philbrook** said I just wanted to make doggone sure that my residents understood that because I've been chewed on before on this. I mean you know, especially if it's going to be allowed in the right-a-way and you have a 40 ft. tower and your house is 20 ft. away. **Mr. Waters** said we would still have the right to deny those if we felt like the fall zone would create some type of health or safety problem in the community. It doesn't mean they have the right to put up anything they want, but they do have the right to make an application. **Commissioner Philbrook** said okay. Thank you very much.

Mr. Waters said if I could just submit a copy of the revised version for the record with the Clerk.

Action: **Commissioner Philbrook made a motion, seconded by Commissioner Bynum, to approve.** Roll call was taken and there were four "Ayes," Philbrook, Johnson, Bynum, Markley.

Item No. 5 – 16794… NOTICE OF BUDGET HEARING: WYCO LIBRARY

Synopsis: Notice of budget hearing scheduled for September 29, 2016, to consider the Wyandotte County Library 2017 Budget, submitted by Kathleen VonAchen, Chief Financial Officer.

Kathleen VonAchen, Chief Financial Officer, said we've added this to the agenda for your committee because we would like to have this move forward for the next Commission meeting. In developing the budget in late June, at the time that we needed to publicize or publish the

budget forms, the state budget forms, we put together the state budget forms based upon how we typically do, but because I'm a new CFO. I wasn't aware that typically in the past it was a practice to add on to the state budget form at the bottom, the line item for the Library Fund. That publication went forward without the Library Fund on it. Even though the Commission has adopted the budget for the Library Fund for fiscal year 2017, it wasn't properly published. What we need to do is properly publish the state budget form and then the Commission needs to readopt the Library Fund Budget. It's kind of a formality. We want to be in compliance with the state budget law. That's what this item is. **Chairman Markley** said so there's been a clerical error and what we need tonight is a motion and a second so that we can host the public hearing.

Action: **Commissioner Johnson made a motion, seconded by Commissioner Philbrook, to approve.** Roll call was taken and there were four "Ayes," Philbrook, Johnson, Bynum, Markley.

Chairman Markley adjourned the meeting at 5:50 p.m.

Adjourn
tpl

Staff Request for Commission Action

Tracking No. 16872

Full Commission Meeting Date: 12/15/16
Committee: Administration & Human Services

Date of Standing Committee Action: 11/28/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
11/04/2016	Terry Brecheisen	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:

Application for a grant from the HealthCare Foundation of Greater Kansas City in the amount of 61,383.00. Project will allow for a staff position to be dedicated strictly to breast health patient navigation in Wyandotte County with an emphasis on African American women. Patient Navigation, according to The Harold P. Freeman Patient Navigation Institute, works to eliminate barriers to timely cancer screening, diagnosis, and treatment and supportive care. No match is required.

Action Requested:

Approval of application for grant funds.

Budget Impact: (if applicable)

Amount: $0.00

Source:

Included In Budget:

Other (explain): Grant funding request

Attachments List:

Application, Budget, Narrative

Applicant Defined Grant (ADG) Application

Organization Profile

Important Information

You will be asked to provide several attachments on page 4 of this application, including the Proposal Narrative & Budget forms for which templates can be found by clicking on APPLICATION FORMS above. ***IMPORTANT*** *- We ask that you* ***DO NOT CONVERT APPLICATION ATTACHMENTS into PDF FILES*** *(except in the case of scanned letters of Commitment and/or Support and your IRS and Audit attachments.) The conversion of files into PDFs make it very difficult for Reviewers to read the documents. Please have all documentation completed and attached to this on-line request. Applications that do not have proper documentation cannot be considered for funding.*

Organization Information

Name of Applicant Organization:
Unified Government Public Health Department

Project Title
Pink the Dotte

Organization's Street Address
619 Ann Avenue

City	State	Zip Code	County
Kansas City	KS	66101	Wyandotte County

Telephone
Example (xxx) xxx-xxxx
913-573-8855

Fax
Example (xxx) xxx-xxxx
913-573-6781

Website Address
www.wycokck.org

Federal EIN Number
Federal IRS Determination Letter Must Be Uploaded as an Attachment
481194075

Tax Status	Organization Type
Governmental Agency	Civic & Community

Organization Background

Age of Organization
more than 20 yrs

Mission & Vision of the Organization
Maximum of 150 words
The mission statement of the Unified Government Public Health Department is "To monitor and assess health status indicators to identify community health problems, promote and encourage healthy lifestyles behaviors". The vision statement is "Leading the way to a healthier community and cleaner environment through community partnerships and the support of the Unified Government".

Financial Profile

Organization Financial Profile

Annual Operating Budget
7,5000,00

Total Project Budget
66,810

Total Amount Requested from HCF

61,383

Duration of Project
(In whole months)
12

Organization Revenue Mix

Organization Revenue Mix

Enter % of each Revenue Category below in your Organization's Revenue Mix. Enter zero (0) if not applicable.

% of Corporate Funds	% of Fees for Services	% of Government Funds	% of Grants
0	8	23	69

% of Investments/Earned Income	% of Private Donations	% of Other Sources of Revenue
0	0	0

Contact Information

Primary Contact for this Request

Please provide the contact information for the Primary Contact ***for questions pertaining to this grant request***

Prefix	First Name	Middle Initial	Last Name	Suffix
Ms.	Barbara		Kempf	

Title
Clinical Program Manager

Office Phone (If different than Organization)	Mobile Phone
913-573-8895	913-530-4948

E-mail
bkempf@wycokck.org

Executive Director/CEO Contact Information

Please provide the contact information of your organization's Executive Director/CEO

Prefix
Mr.

First Name	Last Name	Suffix
Mark	Holland	

Title
CEO/Mayor

Office Phone
9135735310

E-mail
mholland@wycokck.org

Project Summary

Request Type
Select Applicant Defined from the box below:
Applicant Defined

Has HCF provided funding for this project in the past? [Note - HCF will not accept ADG applications for continuation grants more than 3 months prior to the end date of the current grant.]
No

Program History/Background
Provide a brief account (not to exceed 200 words) of the history/background of this project. Include information such as:

- *When the project began (length of time in operation)*
- *What makes the project unique (e.g. client base, delivery model, geography, partnerships, etc.)*
- *If HCF has supported this project in the past, please include the duration and total amount of HCF funding.*
- *How were HCF funds used in the past and what were the outcomes?*

In the spring of 2013, the UGPHD, Kansas Department of Health and Environment's Early Detection Works Program (EDW) and the Susan G. Komen of Greater Kansas City came together in response to data regarding breast cancer disparities for African-American women in Wyandotte County. The group formed the Wyandotte County Breast Health Task Force and began meeting regularly and quickly initiated plans to begin understanding the problem. An intensive and ongoing data collection process began and quickly the needs of African-American women stood out. African-American women in Wyandotte County are much more likely to be diagnosed with breast cancer at a later stage than Caucasian women. The Task Force has partnered on multiple community outreach events and have also partnered with Diagnostic Imaging Center's mobile mammography van to ensure women have the ability to receive mammograms in the community. The UGPHD has a long standing contractual agreement with Leavenworth/Kansas City Imaging for radiological services through multiple payer sources such as EDW, Susan G. Komen and Wyandotte Health Foundation Radiological Voucher Services. These active partnerships and the small Task Force contribute to the uniqueness of this project. A Patient Navigator would seamlessly tie preventive screening services to the women of Wyandotte County.

Narrative Abstract
A description of up to two paragraphs (not to exceed 250 words) that summarizes the funding request and includes the following information:

- *the general purpose of the grant*
- *the amount of funding to be requested from the HCF*
    a. *Specify how funds will be used (e.g. salary, supplies, equipment, etc.)*
- *a brief project description that includes*
    a. *Target population (include demographic characteristics)*
    b. *Specific program components HCF funding would support (e.g. direct medical care, mental health services, etc.)*
    c. *Units of service*
    d. *Total number of clients to be served*
    e. *Geographic location(s) of services/activities*
- *major outcome(s) to be achieved*

Pink the Dotte aims to reduce late stage diagnoses of breast cancer for African-American women in zip codes 66101, 66102 and 66104 in Wyandotte County. To reach this goal, we are employing the strategy of designating a full-time African-American specific breast cancer Patient Navigator. This person will navigate women through the breast health continuum of care, from the point of outreach and education, through screening, diagnostic follow-up, and treatment as needed. Outreach, education, and navigation will be tailored to, but not exclusively for African-American women who are medically underserved.

The UGPHD is requesting $61,383 for Pink the Dotte. The majority of funding will cover salary and benefits for the full-time Patient Navigator. Training and certification through the Harold P. Freeman Patient Navigation Institute is included in the budget, as well as a laptop with internet access, mileage reimbursement, printing and postage for marketing and mailings, and transportation for women accessing breast cancer screening and diagnostic services.

It is projected the Patient Navigator will spend .40 FTE for direct navigation, which includes case management, .32 FTE on community outreach and networking, and .28 FTE on community meetings, case notes, medical records, billing, etc. Through the year, it is anticipated that a minimum of 300 women will be successfully navigated through the breast health continuum of care.

Our proposed outcomes are to increase the number of women enrolled in the state screening program, and increase the number of women who access screening through Patient Navigation.

Will services be provided at a site other than the location of the applicant organization?
Yes

Will services be provided at more than one site?
Yes

Site(s) where services are provided: (Note, if you are offering this project at more than 20 sites, you may upload them as an attachment on page 4 of this application. Please use the same format as in the example below!
Provide the Name and Address of the site separated by commas. If there are multiple sites, please ***enter each site on a different line****. Example:*
Acme Widgets, 123 Main St, Suite 100, Kansas City, MO, 64127
Spacely Sprockets, 456 High Tower, Overland Park, KS 66212
HCF, 2700 E. 18th St., Ste 220, Kansas City, MO, 64127
Leavenworth Kansas City Imaging, 9201 Parallel Parkway, Kansas City, KS 66109
New Bethel Community Development, 745 Walker Ave, Kansas City, KS 66101
St. Johns Baptist Church, 2620 N 5th Street, Kansas City, KS 66101
St. Peters CME Church, 1419 N 8th St, Kansas City, KS 66101
First AME Church, 1111 N 8th St, Kansas City, KS 66101
Gateway Plaza Homes, 1430 N 4th St, Kansas City, KS 66101
WYJO Care Specialty Care, 6405 Metcalf Ave # 202, Shawnee Mission, KS 66202
Providence Medical Center, 8929 Parallel Pkwy, Kansas City, KS 66109
There will also be various sites within the 66101, 66102 and 66104 zip codes with the Diagnostic Imaging Mobile Mammogram unit.

Did you receive Technical Assistance (TA) in developing this request?
No

Number of TA Hours Provided
(if applicable)

TA Provider
(Name)

If awarded, will you need to use a Fiscal Agent? (Organizations who do not have a recent audit or IRS 990, will be required to use a fiscal agent)
No

Fiscal Agent Name, if known. (It is not required to engage a fiscal agent prior to receiving a grant award from HCF.)

Name of Fiscal Agent Contact

Fiscal Agent Contact's Email Address

Phone Number for Fiscal Agent

Select Gender(s) to be Served by this Project
Females only

Ethnicity
Select all that apply
African American
American Indian/Alaska Native
Asian/Pacific Islander
Caucasian
Hispanic/Latino
Other

Age Group
Select all that apply
Young Adults (20-35 years)
Adults (36-55 years)
Adults > 55 years

Enter Percentage of Each Age Group Being Served. Total Must Equal 100%.

(Do not enter % signs or decimals. Enter a zero (0) if not applicable.)

% Infants/Preschool (ages 0-5)	% Children/Elementary (ages 6-12)	% Adolescent/High School (ages 13-19)	% Young Adults (ages 20-35)
0	0	0	0

% Adults (ages 36-55)	% Adults > 55	% All Ages (If you select this box, enter 100%. You should have no other values under any other age group.)
0	0	100

Total Must Equal 100%
Click ICON below to make sure your total does not exceed 100%
100.00%

Geographical Area Served
Select all that apply
Wyandotte County

Enter Percentage of each Area Served. Total Must Equal 100%.

% Allen County	% Johnson County	% Wyandotte County
0	0	100

% Cass County **% Jackson and/or KCMO (may include all of Jackson Co. and/or portions of Clay and Platte)**

0 0

% Lafayette County **% Other**
0 0

Total Must Equal 100%
Click ICON below to make sure your total does not exceed 100%
100%

Population Served
Select all that apply
Medically Indigent - Below FPL
Medically Indigent - FPL up to 2x FPL
Medically Indigent - % > 2X FPL
Medically Indigent - Unknown
Uninsured-Unable to Pay

Enter Percentage of Federal Poverty Level (FPL) for Target Population

% Below FPL	% FPL up to 2X FPL	% > 2X FPL	% Unknown/Not Captured
0	0	0	100

Enter Percentage of Insurance Status for Target Population

% Medicaid	% Medicare	% Private Insurance	% Uninsured	% Unknown/Not Captured
0	0	0	100	0

Diversity Section - Enter the Demographic Info requested for your Board, Staff, and Population being Served:

Board Demographics

Enter the number of persons currently serving as Board Members/Appointed Officials for your organization:
11

% of Males on Board
56

% of Females on Board
44

% of African Americans on Board	% of American Indian/Alaskan Natives on Board	% of Asian/Pacific Islanders on Board
22	0	0

% of Caucasians on Board	% of Hispanic/Latinos on Board	% of Other Ethnicities on Board
78	0	0

Staff Demographics

Number of Full Time Employees (FTE Staff)	Number of Staff with Disabilities	% of Male Staff	% of Female Staff
50-99	0	25	75

% of African American Staff	% of American Indian/Alaskan Native Staff	% of Asian/Pacific Islander Staff
21	1	3

% of Caucasian Staff	% of Hispanic/Latino Staff	% of Other Ethnicities on Staff
58	17	0

Demographics of Population Served

% of Males Served	% of Females Served
49	51

% African Americans Served	% American Indian/Alaskan Natives Served	% Asian/Pacific Islanders Served
25	1	3

% Caucasians Served **% Hispanic/Latinos Served** **% of Other Ethnicities Served**

43	27	1

Lobbying

HCF funds can be used to support lobbying activities and we believe that nonprofits are a vital part in the policymaking process. For our own record keeping purposes, we need to ask if any of our grant dollars will be spent on lobbying activities. [NOTE - For additional information on what constitutes lobbying, please click HERE]

Will any of the requested funds be used to support lobbying activities? (Please select the appropriate response from the dropdown box below.)
No

Grant Statement (similar to what would appear on the HCF website or in an annual report)
Provide a sentence that summarizes what HCF grant funds will ultimately enable your organization to do (E.G. - To support a Nurse Practitioner position that will provide health care services to the uninsured.)
To reduce late stage diagnoses of breast cancer for African-American women in Wyandotte County.

Non-Discrimination Attestation
I certify that our organization does not discriminate in its leadership, staffing or service on the basis of age, gender, race, ethnicity, sexual orientation, disability, national origin, political affiliation or religious belief.
Yes

Authorized Signature (Example: Name, Title)
By typing the name and title of your organization's President/CEO, or authorized Board member, you are certifying that the information included is accurate. NOTE: If the Tax ID number that you have provided is for a parent corporation or umbrella 501(c)(3) organization, signer must be authorized to attest to that organization's policies and practices.
Douglas G. Bach

IMPORTANT - Attachments to this application must be uploaded on page 4 prior to submission. To access page 4, please select the 'Next' button below or, if you are in the 'Review My Application' screen, scroll to the top of the page and click on number 4.

Attachments

Title	File Name
Proposal Narrative (use template found on HCF website - NO PDFs!)	Narrative Healthcare Foundation_VER_1.DOCX
Combined Budget Worksheet/Narrative (use template found on HCF website) - NO PDFs!	GKCHF Budget Template_VER_1.XLSX
GOV ONLY - List of elected/appointed officials	HCF Grant--List of elected-appointed officials_VER_2.DOC
GOV ONLY - Authorized budget or financial statement (PDF is acceptable)	UG 2014 Comprehensive Annual Financial Report_VER_1.PDF
GOV ONLY - Authorized budget or financial statement (PDF is acceptable)	UG Health Department Budget_VER_1.PDF
Annual Audit (most recent) (PDF is acceptable)	UG Single Audit Report 2015_VER_1.PDF
GOV ONLY - Enabling statute/legislation (PDF is acceptable)	Kansas Enabling Statute_VER_1.PDF
Logic Model/Outcomes Framework (optional) Do NOT attach as PDF!!!	Logic Model GKCHF 2016_VER_1.DOC
Other	EDW Ratios 15_VER_1.JPG
Other	EDW use county ratios_VER_1.JPEG
Other	WyCo Map Race Ethnicity_VER_1.PDF
Other	WyCo Map Uninsured_VER_1.PDF
Other	WyCo Strategy 2016_VER_1.DOCX
Letters of Commitment/Support (PDF is acceptable)	LVKCI_VER_1.PDF
Letters of Commitment/Support (PDF is acceptable)	LOC Komen & UG_VER_1.PDF
Letters of Commitment/Support (PDF is acceptable)	LOS UGPHD HCFKC signed 10-27-16_VER_1.PDF

Files attached to this form may be deleted 120 days after submission.

HEALTH CARE FOUNDATION of Greater Kansas City (HCF)

Unified Government Public Health Department

Application Budget Worksheet & Narrative Template

Net Revenue		**YEAR 1**				
Total funding from the Foundation and other sources are as follows:	**Indicate whether funding is SECURED (S), or PENDING (P)**		**HCF**	**Other**	**In-Kind**	**Total**
Health Care Foundation (HCF)	**P**		$61,383	$0	$0	$61,383
In-Kind			$0	$0	$5,428	$5,428
Other Sources of Funding HERE			$0	$0	$0	$0
			$0	$0	$0	$0
			$0	$0	$0	$0
			$0	$0	$0	$0
Total Revenue			**$61,383**	**$0**	**$5,428**	**$66,810**
Salary						
The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	**Annual Salary/ Rate** (eg. $54,000)	**Indicate FTE portion *being requested from HCF*** (eg .50 FTE)	**HCF Cost** (eg $27,000)	**Other**	**In-Kind**	**Total**
Patient Navigator		1.00 FTE	$32,640	$0	$0	$32,640
			$0	$0	$0	$0
						$0
						$0
						$0
Total Salary			**$32,640**	**$0**	**$0**	**$32,640**
Benefits and Payroll Taxes						
The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):		**Benefit % rate of total salary expense (e.g. 20%)**	**HCF**	**Other**	**In-Kind**	**Total**
FICA, Health, Dental, Life Insurance, Retirement & Unemployment			$13,017	$0	$0	$13,017
						$0
						$0
						$0
Total Benefits and Payroll Taxes			**$13,017**	**$0**	**$0**	**$13,017**
Other Direct Expense:						
(e.g. Training Expenses, Consulting Fees, etc.)			**HCF**	**Other**	**In-Kind**	**Total**
Printing- Design Information postcards/fliers & Postage			$3,000	$0	$0	$3,000
Training & Travel Expenses, Mileage			$4,918			$4,918
Hotspot Internet & Bus passes			$700			$700
						$0
Total Other Direct			**$8,618**	**$0**	**$0**	**$8,618**
***Equipment & Supplies:**			**HCF**	**Other**	**In-Kind**	**Total**
Laptop with Case, Docking Station, Monitor, Soundbar ,Keyboard			$1,680	$0	$0	$1,680
						$0
						$0
						$0
						$0
Total Equipment/Supplies			**$1,680**	**$0**	**$0**	**$1,680**
SUBTOTAL			**$55,955**	**$0**	**$0**	**$55,955**
Indirect Expense			**HCF**	**Other**	**In-Kind**	**Total**
Indirect expense represents the project's share of Overhead Expenses (rent, phone, library, etc.) and Administrative Costs. Applicants must limit the HCF portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above.			**$5,428**	**$0**	**$5,428**	**$10,855**
Total All Expenses			**$61,383**	**$0**	**$5,428**	**$66,810**

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Training

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Laptop

Indirect

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HCF Budget Justification - YEAR 1

ıe - Explain how each line item of the project Revenue was determined (or calculated) for each: **HCF** funds, **Other** nd/or **In-kind support** . [*For example, an entry of $25,000 in volunteer time as part of project revenue requires lanation of how the amount was calculated, such as: 1086 hours of donated time at $23 an hour=$25,000. In s to calculating donated time, the following link is helpful in determining how to calculate volunteer value into a ıry amount: http://www.independentsector.org/volunteer_time?s=volunteer%20value*

Explain how each line item of the project **Salary** was determined for each: **HCF** funds, **Other** funds and/or **In-kind** .

ime Patient Navigator at a Salary of $32,640 of HCF funding

& Payroll Taxes - Explain how each line item of the project **Benefits & Payroll Taxes** was determined for each: **HCF**)ther funds and/or In-Kind)

efits are based on the combination of Health, Dental, Life Insurance, Retirement and Unemployment Insurance

irect Expenses - Explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF**)ther funds and/or In-Kind)

- Design Information is for communication to the public Breast Health $1,500 and Postage $1,500

and Travel - Harold P. Freeman Patient Navigation Institue in Las Vegas, NV April 12-13

to various locations in the community location to Patient Navigation through Breast Health

Internet $600 Bus passes $100

ıent/Supplies - Please attach list of equipment purchases, including prices and quantities, to your application. Also explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds, **Other** funds **ı-Kind support**)

with Case $1,260, Dell E-Port Docking Station $135, Dell P2417H 24" Monitor $260, Soundbar ,Keyboard and Mouse $25

Expenses - Please explain what the project **Indirect expenses** will pay for.

rect Expense pays for Public Health Department Building usage, Procurement, Accounts Payable, Payroll, eporting, ComputerTechnical assistance and Administration of this program.

-ENTER Org Name HERE-

Application Budget Worksheet & Narrative Template

Net Revenue **YEAR 2**

Total funding from the Foundation and other sources are as follows:	Indicate whether funding is SECURED (S), or PENDING (P)	HCF	Other	In-Kind	Total
Health Care Foundation (HCF)	**P**	$0	$0	$0	$0
In-Kind		$0	$0	$0	$0
Other Sources of Funding HERE		$0	$0	$0	$0
		$0	$0	$0	$0
		$0	$0	$0	$0
		$0	$0	$0	$0
Total Revenue		**$0**	**$0**	**$0**	**$0**

Salary

The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	**Annual Salary/ Rate** (eg. $54,000)	**Indicate FTE portion *being requested from HCF*** (eg .50 FTE)	**HCF Cost** (eg $27,000)	**Other**	**In-Kind**	**Total**
Insert Staff Positions		0.0 FTE	$0	$0	$0	$0
		0.0 FTE	$0	$0	$0	$0
						$0
						$0
						$0
Total Salary			**$0**	**$0**	**$0**	**$0**

Benefits and Payroll Taxes

The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	**Benefit % rate of total salary expense (e.g. 20%)**	**HCF**	**Other**	**In-Kind**	**Total**
Insert Types of Benefits		$0	$0	$0	$0
					$0
					$0
					$0
Total Benefits and Payroll Taxes		**$0**	**$0**	**$0**	**$0**

Other Direct Expense:

(e.g. Training Expenses, Consulting Fees, etc.)		**HCF**	**Other**	**In-Kind**	**Total**
Insert Other Direct Expenses		$0	$0	$0	$0
					$0
					$0
					$0
Total Other Direct		**$0**	**$0**	**$0**	**$0**

***Equipment & Supplies:**

		HCF	**Other**	**In-Kind**	**Total**
Insert Types of Equipment/Supplies		$0	$0	$0	$0
					$0
					$0
					$0
					$0
Total Equipment/Supplies		**$0**	**$0**	**$0**	**$0**

SUBTOTAL		**$0**	**$0**	**$0**	**$0**

Indirect Expense

Indirect expense represents the project's share of Overhead Expenses (rent, phone,		**$0**	**$0**	**$0**	**$0**

Total All Expenses		**$0**	**$0**	**$0**	**$0**

HCF Budget Justification - YEAR 2

enue - Explain how each line item of the project Revenue was determined (or calculated) for each: **HCF** funds, **Other** ls and/or **In-kind support** . [*For example, an entry of $25,000 in volunteer time as part of project revenue uires an explanation of how the amount was calculated, such as: 1086 hours of donated time at $23 an r=$25,000. In regards to calculating donated time, the following link is helpful in determining how to calculate nteer value into a monetary amount: http://www.independentsector.org/volunteer_time?s=volunteer%20value]*

ry - Explain how each line item of the project **Salary** was determined for each: **HCF** funds, **Other** funds and/or **nd support** .

efits & Payroll Taxes - Explain how each line item of the project **Benefits & Payroll Taxes** was determined for each: F funds, **Other** funds and/or In-Kind)

er Direct Expenses - Explain how each line item of the project **Other Direct Expenses** was determined for each: **F** funds, **Other** funds and/or In-Kind)

ipment/Supplies - Please attach list of equipment purchases, including prices and quantities, to your application. please explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds, **Other** s and/or **In-Kind support**)

ect Expenses - Please explain what the project **Indirect expenses** will pay for

HEALTH CARE FOUNDATION of Greater Kansas City (HCF)

-ENTER Org Name HERE-

Application Budget Worksheet & Narrative Template

Net Revenue		**YEAR 3**		
Total funding from the Foundation and other sources are as follows:	**Indicate whether funding is SECURED (S), or PENDING (P)**		**HCF**	**Other**
Health Care Foundation (HCF)	**P**		$0	$0
In-Kind			$0	$0
Other Sources of Funding HERE			$0	$0
			$0	$0
			$0	$0
			$0	$0
Total Revenue			**$0**	**$0**
Salary				
The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	**Annual Salary/ Rate** (eg. $54,000)	**Indicate FTE portion *being requested from HCF*** (eg .50 FTE)	**HCF Cost** (eg $27,000)	**Other**
Insert Staff Positions		0.0 FTE	$0	$0
		0.0 FTE	$0	$0
Total Salary			**$0**	**$0**
Benefits and Payroll Taxes				
The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):		**Benefit % rate of total salary expense (e.g. 20%)**	**HCF**	**Other**
Insert Types of Benefits			$0	$0
Total Benefits and Payroll Taxes			**$0**	**$0**
Other Direct Expense:				
(e.g. Training Expenses, Consulting Fees, etc.)			**HCF**	**Other**
Insert Other Direct Expenses			$0	$0
Total Other Direct			**$0**	**$0**
***Equipment & Supplies:**			**HCF**	**Other**
Insert Types of Equipment/Supplies			$0	$0
Total Equipment/Supplies			**$0**	**$0**
SUBTOTAL			**$0**	**$0**

Indirect Expense			HCF	Other
	Indirect expense represents the project's share of Overhead Expenses (rent, phone,		$0	$0
	Total All Expenses		**$0**	**$0**

					HCF Budget - Narrative Comments -				
			Revenue - Insert any additional/clarifying comments re:						
In-Kind	**Total**								
$0	$0								
$0	$0								
$0	$0								
$0	$0								
$0	$0		**Salary** - Insert any additional/clarifyingcomments re: S						
$0	$0								
$0	**$0**								
In-Kind	**Total**								
$0	$0								
$0	$0								
	$0								
	$0								
	$0								
$0	**$0**								
In-Kind	**Total**		**Benefits & Payroll Taxes** - Insert any additional/clarifyi						
$0	$0								
	$0								
	$0								
	$0								
$0	**$0**		**Other Direct Expenses** - Insert any additional/clarifying						
In-Kind	**Total**								
$0	$0								
	$0								
	$0								
	$0								
$0	**$0**								
In-Kind	**Total**								
$0	$0								
	$0								
	$0								
	$0		***Equipment/Supplies** - Please attach list of equipment						
	$0								
	$0								
$0	**$0**								
$0	**$0**								

In-Kind	Total	
$0	$0	
$0	$0	

Indirect Expenses- Insert any additional/clarifyingcon

: your Revenue entries here

alary entries here

ingcomments re: your Benefits/Payroll Taxes entries here

comments re: your Other Direct Expense entries here

t purchases, including prices and quantities, to your application!

nments re: your Indirect Expense entry here

-Enter ORG NAME & DATE Here-

Interim & Final Report Budget Worksheet & Narrative Template

Instructions: In the shaded columns, please enter the amounts granted to you per category - *just as they appear in the budget section of your Grant Award Agreement (found on Attachment B of the Agreement.)* In the other columns, please enter the amounts you've received/spent to date per category (rounded to the nearest dollar.) NOTE - on Final Report Budgets, it is normal to show a remaining balance in both the Revenue and the Expenses columns because you have not het received your final grant payment.

Net Revenue

Total funding from HCFand other sources are as follows:	HCF Grant Total Award	HCF Grant Amt Rec'd to Date	Other Sources Total Amt	Other Sources Amt Rec'd to Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Health Care Foundation (HCF)	$0	$0	$0	$0	$0	$0	$0	$0
Insert In-Kind	$0	$0	$0	$0	$0	$0	$0	$0
Insert Other Source(s) of Funding	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Net Expenses

Salary:

The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	% FTE	Total Salary Amt	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Staff Position(s)	0.0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Salary			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Benefits & Payroll Taxes:

The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Type(s) of Benefit(s)	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefits & Payroll Taxes	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Other Direct Expense:										
(e.g. Training Expenses, Consulting Fees, etc.)			HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Other Direct Expense			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Other Direct			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Equipment & Supplies:			**HCF Grant Total Budgeted**	**HCF Grant Spent-to-Date**	**Other Sources Total Budgeted**	**Other Sources Spent-to-Date**	**In-Kind Total Contributions**	**In-Kind Contributions-to-Date**	**Project Budget Total**	**Actual Total-to-Date**
Insert Type(s) of Equipment/Supplies			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Equipment/Supplies			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
SUBTOTAL			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Indirect Expense										
Indirect expense represents the project's share of Overhead Expenses (rent, phone, utilities, etc.) & Admin Costs. Applicants must limit the HCF portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above.			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Expenses			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Net Project Costs (Total Revenue less Total Expenses)			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

HCF Budget - Narrative Comments

Revenue - Explain how each line item of the project Revenue was determined (or calculated) for each: **HCF** funds, **Other** funds and/or **In-kind support**. [*For example, an entry of $25,000 in volunteer time as part of project revenue requires an explanation of how the amount was calculated, such as: 1086 hours of donated time at $23 an hour=$25,000. In regards to calculating donated time, the following link is helpful in determining how to calculate volunteer value into a monetary amount:* http://www.independentsector.org/volunteer_time?s=volunteer%20value

Salary - Explain how each line item of the project **Salary** was determined for each: **HCF** funds, **Other** funds and/or **In-kind support**.

Benefits & Payroll Taxes - Explain how each line item of the project **Benefits & Payroll Taxes** was determined for each: **HCF** funds, **Other** funds and/or In-Kind)

Other Direct Expenses - Explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds, **Other** funds and/or In-Kind)

***Equipment/Supplies -** Please attach list of equipment purchases, including prices and quantities, to your application. Also please explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds, **Other** funds and/or **In-Kind support**)

Indirect Expenses - Please explain what the project **Indirect expenses** will pay for.

-Enter ORG NAME & DATE Here-

Interim & Final Report Budget Worksheet & Narrative Template

Instructions: In the shaded columns, please enter the amounts granted to you per category - *just as they appear in the budget section of your Grant Award Agreement (found on Attachment B of the Agreement.)* In the other columns, please enter the amounts you've received/spent to date per category (rounded to the nearest dollar.) NOTE - on Final Report Budgets, it is normal to show a remaining balance in both the Revenue and the Expenses columns because you have not yet received your final grant payment.

Net Revenue

Total funding from HCFand other sources are as follows:	HCF Grant Total Award	HCF Grant Amt Rec'd to Date	Other Sources Total Amt	Other Sources Amt Rec'd to Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Health Care Foundation (HCF)	$0	$0	$0	$0	$0	$0	$0	$0
Insert In-Kind	$0	$0	$0	$0	$0	$0	$0	$0
Insert Other Source(s) of Funding	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Net Expenses

Salary:

The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	% FTE	Total Salary Amt	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Staff Position(s)	0.0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Salary			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Benefits & Payroll Taxes:

The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Type(s) of Benefit(s)	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefits & Payroll Taxes	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Other Direct Expense:										
(e.g. Training Expenses, Consulting Fees, etc.)			HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Other Direct Expense			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Other Direct			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Equipment & Supplies:			**HCF Grant Total Budgeted**	**HCF Grant Spent-to-Date**	**Other Sources Total Budgeted**	**Other Sources Spent-to-Date**	**In-Kind Total Contributions**	**In-Kind Contributions-to-Date**	**Project Budget Total**	**Actual Total-to-Date**
Insert Type(s) of Equipment/Supplies			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Equipment/Supplies			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
SUBTOTAL			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Indirect Expense										
Indirect expense represents the project's share of Overhead Expenses (rent, phone, utilities, etc.) & Admin Costs. Applicants must limit the HCF portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above.			$0	$0	$0	$0	$0	$0	$0	$0
Total All Expenses			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Net Project Costs (Total Revenue less Total Expenses)			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

HCF Budget - Narrative Comments

Revenue - Insert any additional/clarifying comments re: your Revenue entries here

Salary - Insert any additional/clarifying comments re: Salary entries here

Benefits & Payroll Taxes - Insert any additional/clarifying comments re: your Benefits/Payroll Taxes entries here

Other Direct Expenses - Insert any additional/clarifying comments re: your Other Direct Expense entries here

***Equipment/Supplies** - Please attach list of equipment purchases, including prices and quantities, to your application

Indirect Expenses- Insert any additional/clarifying comments re: your Indirect Expense entry here

-Enter ORG NAME & DATE Here-

Interim & Final Report Budget Worksheet & Narrative Template

Instructions: In the shaded columns, please enter the amounts granted to you per category - *just as they appear in the budget section of your Grant Award Agreement (found on Attachment B of the Agreement.)* In the other columns, please enter the amounts you've received/spent to date per category (rounded to the nearest dollar.) NOTE - on Final Report Budgets, it is normal to show a remaining balance in both the Revenue and the Expenses columns because you have not het received your final grant payment.

Net Revenue

Total funding from HCFand other sources are as follows:	HCF Grant Total Award	HCF Grant Amt Rec'd to Date	Other Sources Total Amt	Other Sources Amt Rec'd to Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Health Care Foundation (HCF)	$0	$0	$0	$0	$0	$0	$0	$0
Insert In-Kind	$0	$0	$0	$0	$0	$0	$0	$0
Insert Other Source(s) of Funding	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Net Expenses

Salary:

The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	% FTE	Total Salary Amt	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Staff Position(s)	0.0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Salary			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Benefits & Payroll Taxes:

The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Type(s) of Benefit(s)	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefits & Payroll Taxes	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Other Direct Expense:									
(e.g. Training Expenses, Consulting Fees, etc.)	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Other Direct Expense	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Other Direct	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Equipment & Supplies:	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Type(s) of Equipment/Supplies	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Equipment/Supplies	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
SUBTOTAL	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Indirect Expense								
Indirect expense represents the project's share of Overhead Expenses (rent, phone, utilities, etc.) & Admin Costs. Applicants must limit the HCF portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above.	$0	$0	$0	$0	$0	$0	$0	$0
Total All Expenses	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Net Project Costs (Total Revenue less Total Expenses)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

HCF Budget - Narrative Comments

Revenue - Explain how each line item of the project Revenue was determined (or calculated) for each: **HCF** funds, **Other** funds and/or **In-kind support**. [*For example, an entry of $25,000 in volunteer time as part of project revenue requires an explanation of how the amount was calculated, such as: 1086 hours of donated time at $23 an hour=$25,000. In regards to calculating donated time, the following link is helpful in determining how to calculate volunteer value into a monetary amount:* *http://www.independentsector.org/volunteer_time?s=volunteer%20value*

Salary - Explain how each line item of the project **Salary** was determined for each: **HCF** funds, **Other** funds and/or **In-kind support**.

Benefits & Payroll Taxes - Explain how each line item of the project **Benefits & Payroll Taxes** was determined for each: **HCF** funds, **Other** funds and/or In-Kind)

Other Direct Expenses - Explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds **Other** funds and/or In-Kind)

***Equipment/Supplies -** Please attach list of equipment purchases, including prices and quantities, to your application. Also pleas explain how each line item of the project **Other Direct Expenses** was determined for each: **HCF** funds, **Other** funds and/or **In-Kind support**)

Indirect Expenses - Please explain what the project **Indirect expenses** will pay for.

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-Enter ORG NAME & DATE Here-

Interim & Final Report Budget Worksheet & Narrative Template

Instructions: In the shaded columns, please enter the amounts granted to you per category - *just as they appear in the budget section of your Grant Award Agreement (found on Attachment B of the Agreement.)* In the other columns, please enter the amounts you've received/spent to date per category (rounded to the nearest dollar.) NOTE - on Final Report Budgets, it is normal to show a remaining balance in both the Revenue and the Expenses columns because you have not het received your final grant payment.

Net Revenue

Total funding from HCFand other sources are as follows:	HCF Grant Total Award	HCF Grant Amt Rec'd to Date	Other Sources Total Amt	Other Sources Amt Rec'd to Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Health Care Foundation (HCF)	$0	$0	$0	$0	$0	$0	$0	$0
Insert In-Kind	$0	$0	$0	$0	$0	$0	$0	$0
Insert Other Source(s) of Funding	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Net Expenses

Salary:

The project will pay the salary for the following staff: (e.g. Exec. Director, Intake Specialist, etc.)	% FTE	Total Salary Amt	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Staff Position(s)	0.0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Salary			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Benefits & Payroll Taxes:

The project will pay the following benefits and payroll taxes for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Type(s) of Benefit(s)	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefits & Payroll Taxes	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Other Direct Expense:										
(e.g. Training Expenses, Consulting Fees, etc.)			HCF Grant Total Budgeted	HCF Grant Spent-to-Date	Other Sources Total Budgeted	Other Sources Spent-to-Date	In-Kind Total Contributions	In-Kind Contributions-to-Date	Project Budget Total	Actual Total-to-Date
Insert Other Direct Expense			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Other Direct			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Equipment & Supplies:			**HCF Grant Total Budgeted**	**HCF Grant Spent-to-Date**	**Other Sources Total Budgeted**	**Other Sources Spent-to-Date**	**In-Kind Total Contributions**	**In-Kind Contributions-to-Date**	**Project Budget Total**	**Actual Total-to-Date**
Insert Type(s) of Equipment/Supplies			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
			$0	$0	$0	$0	$0	$0	$0	$0
Total Equipment/Supplies			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
SUBTOTAL			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Indirect Expense										
Indirect expense represents the project's share of Overhead Expenses (rent, phone, utilities, etc.) & Admin Costs. Applicants must limit the HCF portion of Indirect Expense to 10% of the Direct Expenses of the project represented by the sub-total above.			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Expenses			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Net Project Costs (Total Revenue less Total Expenses)			**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

HCF Budget - Narrative Comments

Revenue - Insert any additional/clarifying comments re: your Revenue entries here

Salary - Insert any additional/clarifying comments re: Salary entries here

Benefits & Payroll Taxes - Insert any additional/clarifying comments re: your Benefits/Payroll Taxes entries here

Other Direct Expenses - Insert any additional/clarifying comments re: your Other Direct Expense entries here

***Equipment/Supplies** - Please attach list of equipment purchases, including prices and quantities, to your application!

Indirect Expenses- Insert any additional/clarifying comments re: your Indirect Expense entry here

Compatibility Report for HCF Budget Template - 2015 Applications Reports.xls

Run on 10/8/2015 10:46

The following features in this workbook are not supported by earlier versions of Excel. These features may be lost or degraded when opening this workbook in an earlier version of Excel or if you save this workbook in an earlier file format.

Significant loss of functionality	# of occurrences	Version
Any effects on this object will be removed. Any text that overflows the boundaries of this graphic will appear clipped.	16	
	HCF APPLICATION Budget Yr 1'!A1:N50	Excel 97-2003
	Interim Report Budget'!A1:AA58	Excel 97-2003
	Interim Report Budget (2)'!A1:AA58	Excel 97-2003
	FINAL Report Budget'!A1:AA58	Excel 97-2003

Minor loss of fidelity

Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.	32	Excel 97-2003

Health Care Foundation of Greater Kansas City

Applicant Defined Grant Narrative

Organization: Unified Government Public Health Department-Wyandotte County Breast Health Taskforce

Problem or Need

Wyandotte County, Kansas is largely comprised of the city of Kansas City, Kansas, an urban county located on the Kansas and Missouri border. For years, Wyandotte County has placed at the bottom of nearly every health assessment for multiple reasons including the socio-economic status of residents. In 2011, Susan G. Komen Greater Kansas City's community profile took a deeper dive into breast health and found that women in Wyandotte were facing dire outcomes related to breast cancer. From that study, the Wyandotte County Breast Health taskforce was formed in 2013 and continues to work to address breast health disparities in Wyandotte County.

In a more recent Community Profile, published in 2015, Susan G. Komen reviewed the federal government initiative, Healthy People 2020, and the goals set forth related to breast cancer. Wyandotte County, Kansas is not on track to meet any of these goals. Currently, the Healthy People 2020 goal for Age-Adjusted death rate due to breast cancer is 20.7 per 100,000. In Wyandotte County, the age-adjusted death rate due to breast cancer is 29.1 per 100,000. In a likely correlation to higher mortality rates in Wyandotte County, screening rates for breast cancer in Wyandotte County are low compared to the United States averages as well as the averages in the surrounding counties that make up the Kansas City metropolitan area. About 25% of women (ages 50-74) report not having received their screening mammogram in the past two years.

Also important to recognize is that of the female population in Wyandotte, 27.8% identify as African American. African American women are roughly 40 percent more likely to die of breast cancer than white women even though they are less likely to be diagnosed with the disease. While there are known genetic links to breast cancer and African American women which play a role in the disparities there are also other factors contributing to the higher mortality rate. **Some estimate that as many as one-third of women dying from breast cancer could be saved without a single new medical breakthrough.** (Huffington Post, 2015). This staggering statistic seems to ring true in Wyandotte County.

Recently, the Wyandotte County Breast Health Taskforce held focus groups with African American women residing in the county to gain a better picture of needs and barriers. The group learned that in Wyandotte County, there are huge barriers to accessing breast health care with the largest being proximity of screening and treatment centers. Many reported having to leave the county to receive care as there was no "inner city" access to healthcare. Respondent's repeatedly described an "exodus of professionals" in the core of the city where the majority of black women reside. Establishing access touch points alone is believed to be one path to better breast health outcomes in the

county.

Additionally, when you take into account that Wyandotte County residents are substantially more likely to have less than a high school education, an income below 250 percent poverty, and be unemployed than others in the U.S. you find high needs related not only to breast health, but health overall. **Cost continues to be one of the top barriers for women receiving breast care.** The National Breast and Cervical Cancer Early Detection Program is a safety net program for women who are uninsured or underinsured. This program is Early Detection Works in Kansas and covers the costs associated with mammograms, diagnostics, and assists with expedited coverage from Medicaid due to the Treatment Act. While this program is in place the taskforce has found gaps in usage.

In 2015 (July 1, 2014-June 30, 2015) more than 3,600 Wyandotte County women were estimated to be eligible to receive Early Detection Works services. 1,105 of these eligible women, or 31%, enrolled in EDW. However, only 21% of women took advantage of their eligibility to receive an initial mammogram. While this is up from 16% in 2014, it is still far from ideal as many additional women could be receiving no-charge services. Through the work of those who are deeply committed to serving the women in the county, **many women are being enrolled for the program but due to many different circumstances, these women never make it from enrolling in the program to actually utilizing the program.**

When breaking the data down further, concerning data emerges for African American women. As noted above, these women are more likely to die from breast cancer, in-part due to genetics but also due to issues which can be resolved through better systems and access. Overall, Wyandotte County has a higher "no-show" rate for Early Detection Works services than the remainder of the state. **Additionally, African-American women from Wyandotte have higher "no-show" rates than their Hispanic and White counterparts. Of those who enrolled (all races), only 79% went on to receive clinical care. This is down compared to the state average of 85% over the same time period.** When breaking the data down even further, 171 African American women enrolled in the program only 70% received services. This is compared to 81.4% of Hispanic women and 75% of Caucasian women.

Daly & Olopade, 2015 call the phenomena facing African American women and breast health, "A Perfect Storm". Tumor biology, genomics, and health care delivery patterns are colliding to create racial survival disparities. **Navigation through barriers is one strategy which will increase the number of women in following through to services.**

Organization & Project Overview

Brief History of Organization:

The Public Health Department has been in existence since 1910. In the early 20th Century, there was a Joint Board of Health which combated a variety of diseases.

During that timeframe, the federal government initiated efforts to support public health. In 1991, the Health Department became a branch of the County Government up until 1997, when the city and county merged into the now known Unified Government of Wyandotte County, Kansas City, Kansas. The Unified Government is under the authority of the Mayor, elected commissioners and the County Administrator. There are four divisions within the Unified Government Public Health Department (UGPHD) that places a high value on working alliances with local community groups. These divisions include, Division of Air Quality and Environmental Services, Division of Emergency Preparedness and Communicable Diseases, Division of Healthy Communities and Division of Personal Health Services. The UGPHD's services include promoting and encouraging healthy behaviors, preventing epidemics, protecting against environmental hazards, responding to disasters and more. The Personal Health Services division, Clinical Services department has undergone several changes in an attempt to maintain its' primary objective of improving the health and well-being of the residents of Wyandotte County. One of the changes was to eliminate the fragmentation of services by increasing health literacy and improving access to preventive health services. The mission of the Unified Government Public Health Department is to monitor and assess health status indicators, to identify community health problems, and promote and encourage healthy lifestyles behaviors. This capsulizes the four divisions within the UGPHD.

The UGPHD's Clinical Services department manages multiple grants focusing on health services and health education while providing access to quality and affordable health care. These grants require the UGPHD to be actively involved in outreach and educational activities within the community. This is accomplished by attending various health fairs, women's groups, professional groups, and providing presentations on health related topics to other community partners. The UGPHD provides family planning services which include pregnancy testing and pregnancy counseling, contraception options, well-woman exams, including mammograms, immunizations for children, teens and adults as well as foreign travel, prenatal clinical care and several programs supporting healthy babies and families.

The UGPHD strongly believes in community collaboration to tackle public health issues and because of that, the UGPHD is proud to have been a part of the Wyandotte County Breast Health Taskforce as a founding member. In 2011, through the Susan G. Komen Greater Kansas City community profile, it was brought to light that females ages 40 and over in Wyandotte County were not receiving breast health screenings at a rate comparable to the Komen Kansas City service area average. Even more alarming, Wyandotte County had the highest distant stage diagnosis of breast cancer amongst the entire service area. The distant stage rate for breast cancer then was double that of some neighboring counties. Knowing that early detection is crucial, the taskforce was formed to address this specific issue.

In the spring of 2013, leaders began meeting to address the disparities in breast health seen in Wyandotte County, Kansas. Kansas Department of Health and Environment's Early Detection Works Program, Susan G. Komen Greater Kansas City, and the UGPHD began meeting weekly and put plans in place to begin understanding the

problem. An intensive and ongoing data collection process began and quickly, the needs of African American women stood out. African American women in Wyandotte County are much more likely to be diagnosed with breast cancer at a later stage than Caucasian women. While this data reflects national trends, race is not considered a factor that might increase a woman's chance of getting breast cancer so it is thought that much ground can be gained by the group continuing to work together to help women access preventative health screenings. This is where the group is now ready to focus efforts on.

The Target Population/Community(ies):

The Wyandotte County Breast Health Task Force formed, initially, in response to concerning data for all races in Wyandotte County. However, it was quickly realized that African American women had increasing needs that had yet to be addressed. The disparities amongst African American women and other races were and are great. Concerns such as access to care, trust of health care providers, stereotyping during medical appointments, cultural norms, and more were all shared with leaders in the taskforce. These are not concerns that can easily be fixed and must be broken down by a person/group in the community who African American leaders can turn to as a trusted source of help.

The task force works to alleviate all disparities facing women in Wyandotte County and the patient navigator will work with all women regardless of race or ethnicity however; the taskforce has chosen to focus heavily on assisting African American women through the breast cancer continuum of care. This is the process that starts with education all the way through screening, treatment, and follow-up care as needed. This is in part due to the statistics but also due to the fact that there are no other dedicated programs narrowly specific to African-American women and breast cancer in Wyandotte County. For example, the Coalition of Hispanic Women against Cancer does an outstanding job working with Hispanic women in the area. There is no other group focused on the needs of African American women and for these reasons outreach and education will be targeted to African-American women in Wyandotte County.

In order to reach the target population, the navigator will focus on areas that are traditionally serving large numbers of African American women and/or medically vulnerable women. Areas to target include: churches, beauty shops, low-income housing communities, food pantries, bingo halls, partnering with local flu clinics and more. The patient navigator will focus efforts on Wyandotte County residents living in zip codes: 66101, 66102, and 66104. These areas have been found to be the zip codes in Wyandotte County where the highest number of medically underserved women (lack of health care, inadequate access to medical services, etc.) are living (see attachment). Additionally, high populations of African American women are living in these zip codes.

We do know that many women who are not African American will also benefit from these navigation services, thus all UGPHD breast cancer screening patients will have access to these services throughout the continuum of care. This includes Kansas women ages 40-64 without insurance who meet EDW income guidelines, and women under age 40 who are identified as having symptoms of breast cancer.

Proposed Project Activities:

Funding from the HealthCare Foundation of Greater Kansas City will allow for a staff position to be dedicated strictly to breast health patient navigation in Wyandotte County with an emphasis on African American women. Patient Navigation, according to The Harold P. Freeman Patient Navigation Institute, works to eliminate barriers to timely cancer screening, diagnosis, and treatment and supportive care. The process of navigation has shown efficacy as a strategy to reduce cancer mortality and is currently being applied to reduce mortality in other chronic diseases. (Harold P. Freeman Institute, 2016). The patient navigator in Wyandotte County will work directly with residents to enroll women into no-cost screening programs, such as Early Detection Works or health department grant funded programs, overcome barriers such as fear, cultural beliefs, and transportation, and assist with navigating the complex health system that a person encounters when accessing health care, or even more specifically, cancer related health care.

In order to be properly trained, funding is requested to send the navigator to the Harold P. Freeman Patient Navigation Institute. This course is considered to be the gold standard in patient navigation. The training is an intensive 2-day in person training which includes 10 modules, practicum/patient interaction, and case studies. It also helps participants think through how the model can be tailored to fit their community's specific needs. The core principals of the institute support increased retention, diagnostic, and treatment resolution rates and improving organizational efficiencies. The institute believes in informing people about the need for certain recommended examinations, providing timely access to those exams, and eliminating any and all barriers to timely care across the entire health care continuum.

The navigator will also spend a large portion of time out in the community. The UGPHD already dedicates staff time to building relationships in the community and the employee identified as an ideal candidate for the position already has great working relationships with many organizations, businesses, and churches in Wyandotte County. With additional time dedicated to this role, the navigator will be able to increase and build upon already created contacts. The role of the navigator in the community will be to educate on breast health recommendations and assist with enrolling in programs that provide services at no cost.

Once a patient is connected with the navigator, that navigator's role will be to identify and anticipate any barriers to care that may occur. These barriers will then be resolved through a variety of methods such as transportation via the health departments van and navigator, bus passes, arrangement for understanding of medical procedures and results, finding a health care provider and more. The navigator will become, essentially, a case manager from start to finish for patients enrolled in the program.

It is anticipated that this position will be allocated in the following manner:

- .40 FTE will be allocated towards direct patient navigation including case management, assisting with appointments, explaining medical recommendations, etc.

- .32 FTE will be allocated towards community outreach and networking with residents

- .28 FTE will be allocated towards community collaborative meetings, case notes/medical record maintenance, billing to programs such as Early Detection Works for covered services, advocacy, etc.

Through these efforts, by the end of the grant year, it is anticipated that a minimum of 300 women will be successfully navigated through the breast health continuum of care. Patients will have been educated, connected with clinical breast exams and mammograms, diagnostic services if needed, and receive assistance with breast cancer treatment should a diagnosis of breast cancer be found. Furthermore, it is estimated that each woman will receive an average of 3 units of service (1 unit of service = 1 hour of individual navigation), totaling 828 units of service.

In order to connect with these women and continue to build on the trust that has already been established in the community, a minimum of 6 screening events will be held in Wyandotte County during the grant year. These events will always have an education component to them as well as a screening aspect of care. Some events will have access to both clinical breast exams as well as mammograms, but, at a minimum, all events will have an Advanced Registered Nurse Practitioner or a trained breast service provider conducting clinical breast exams for those who attend.

In order to gain trust and make the most impact, education will be tailored to the group in which it is being presented with a strong emphasis on African American women. Education provided to community groups will be personalized to reflect the population attending the event and will also help women realize the unique risks associated with breast cancer especially in the African American community. Additionally, unique to this program, is that health department employees must reside within the county. Therefore, the hired employee for this position will be a resident of the same county which the target population lives, giving credibility and a level of comfort to the process.

Currently, this program has been piloted at the health department. Crystal Doran, Healthy Start Home Visitor for the health department, works in the community sharing breast health education and assisting with accessing care. 75% of her time is spent performing other duties outside of navigation for breast health such as prenatal/postnatal programming. Once a full-time position is created, there will be an increased opportunity to spend more time with outreach and helping women navigate

through each step of breast screening and treatment. Currently, the 25% of time allocated towards breast health navigation can be directly reflected in the increase of Early Detection works enrollment numbers within Wyandotte County from 16% of eligible women residing in the county who have enrolled in the program to 21% of those women in just one year's time. With additional time dedicated, Wyandotte County will likely begin to see the best breast health outcomes they've had in years.

Outcomes & Evaluation:

The outcomes proposed for this project will be rooted in increasing the number of women who enroll into the state screening program, which provides screening at no-charge, as well as the number of women who access screening through this program. Currently, more women enroll into the program than actually follow through with screening. These measures will allow the taskforce to monitor and see how the community efforts on the ground level are working for connecting women with screenings.

Additionally, the navigator will create and follow a system which will allow for the collection of baseline data that the taskforce does not currently have. The data collected will take into account how long it takes for women to move from one step of the continuum of care to the next. For example, how long does a women with an abnormal screening mammogram have to wait before she gets into care for a diagnostic procedure? It is our hope that tracking this data will help us evaluate how we compare to standards of care as we move towards enrolling more women into screening programs.

Outcomes that will be tracked and reported on include:

- The patient navigator will work with the breast cancer task force to increase the percentage of eligible women enrolled in Early Detection Works from 30% to 40% in one year's time.
    - Measure: The taskforce will assist the navigator in analyzing data obtained from the epidemiology department with Kansas Department of Health and Environment. The enrolling increase represents approximately 375 additional women per year, or 31 additional women per month.

- The patient navigator will work to increase the percentage of women in Wyandotte County that enroll in Early Detection Works AND follow through to screening services from 79% to 85%.
    - Measure: The taskforce will assist the navigator in analyzing data obtained from the epidemiology department with Kansas Department of Health and Environment. The increase to 85% of women who follow through represents an increase which will place Wyandotte County rates in a category equivalent to the state average.

- By the end of the grant cycle, health care access data will be collected that shows trends and timelines regarding patient's timely access to healthcare.

- Measure: The patient navigator will begin collecting baseline data to gather information on the amount of time it takes for a patient to move through each step of the continuum of care (i.e. clinical breast exam to screening to diagnostics to treatment if needed) and what barriers exist along the continuum. By the end of the grant cycle, the navigator will be able to share, on average, how many days it takes for a patient to receive a screening mammogram after a clinical breast exam, how many days it takes to move from an abnormal screening mammogram to a diagnostic service, and if treatment is needed, how long it takes to receive said treatment. Additionally, barriers will be compiled to look for common themes throughout the process.

In order to assist with collection of data, the UGPHD will utilize electronic medical records. Insight is the record system that is currently being used. The navigator will also work with the Clinical Program Manager to evaluate data tracked and determine the effectiveness of the program while identifying any barriers to achieving the goals.

Note about the Program Logic Model and Outcome Measurement Framework: The program logic model and outcome measurement framework have been included with this grant as an attachment. Patient Navigation is a component of the 5 year long term outcomes of the Wyandotte County Breast Health Task Force to increase screening, monitor quality of access, decrease late stage breast cancer, and increase survivorship.

Staffing and Capacity:
The UGPHD has identified Crystal Doran as the Patient Navigator for this program. Ms. Doran is a lifetime resident of Wyandotte County, who graduated from Wyandotte High School with a High School Diploma and proceeded to attend the Area Vocational Technical School where she earned a certificate for Secretarial Science. Ms. Doran's first employment experience was in 1986, at Bethany Medical Center where she worked in a variety of departments ranging from admitting, secretarial work, emergency room and IT. Ms. Doran remained at Bethany Medical Center until its closure in 2001. She then returned to Area Vocational Technical School and earned her cosmetology license and worked as a stylist for four years, before coming to work as a Healthy Start Home Visitor for the UGPHD. Ms. Doran obtained certification as a Community Health Worker after completing training through the Metropolitan Community College.

Ms. Doran's' diverse history has put her in a position of being out in the community where she successfully has created strong, trusting partnerships. During her work at the UGPHD, she volunteered to work a breast health event where she was exposed to the statistical information regarding African American women in Wyandotte County and the dire consequences they faced without screening mammograms. Ms. Doran was motivated to become a voice in her community by learning about the programs that support women who are medically underserved such as the Early Detection Works (EDW) and Susan G. Komen screening programs.

Shortly after this, Ms. Doran became a trained enrollment specialist for the EDW program, which allows her to enroll women immediately into the state screening program so they may have direct access to free screening without additional hoops. She has also taken on the role as the primary contact for patient intake, reviewing and submitting data to the following programs: Early Detection Works, Susan G. Komen Greater Kansas City, Wyandotte Health Foundation and WYJO Care Specialty Services. Ms. Doran is the primary organizer for UGPHD's breast health outreach events in Wyandotte County, which have resulted into successful, transpiring annual events. Examples include: "Pink the Dotte" and the UGPHD Community Health Fair. Ms. Doran works with the UGPHD, EDW, and Susan G. Komen Greater Kansas City to research evidence-based strategies, and use results of outreach experiences to create outreach events to women of a targeted population. In addition, Ms. Doran has planned the Health Department's annual community health fair for the past 2 years which has proven to be more successful each year. She is knowledgeable and experienced in engaging with the community and her ability to build trust is essential in moving forward. Ms. Doran is the perfect candidate for the role of Patient Navigator for many reasons. She is a member of the African American community, has strong relationships with the community and the target population, works closely with other leading breast health organizations and is passionate about breast health.

The lead contact for this project will be Barb Kempf, LMSW, Clinical Program Manager with the UGPHD and acting supervisor of Ms. Doran. Ms. Kempf has over 14 years of leadership and management experience with a strong background in outcome performance.

<u>Collaboration: The Roles of other Services/Organizations:</u>
The UGPHD Patient Navigation Program grew out of the Strategic Plan for the Wyandotte County Breast Health Task Force. This multi-organizational group complements each other's services to meet the common goal of reducing late stage breast cancer incidence among African-American women in Wyandotte County, and increasing survivorship.

Immediate collaborators on the group include UGPHD, Early Detection Works (EDW), and Susan G. Komen Greater Kansas City. This group currently meets, at a minimum, biweekly to discuss events, barriers, and public health strategies for increasing satisfactory access to breast health care. Additionally, UGPHD has a contract with EDW to provide payment for breast cancer screenings for eligible uninsured women. Susan G. Komen Greater Kansas City is a collaborator for events and activities, including additional funding for screenings and in-kind assistance.

There are many other partners in the community who are supportive of the UGPHD and the breast health taskforce but have not been able to meet regularly with the group. For example, Saint John's Missionary Baptist Church and Black Health Care Coalition are strong partners for 5 years of outreach and screening events such as "Save a Sista" which has educated hundreds of women and this year alone, screened approximately 15 women with the mobile mammography unit. Additionally, businesses such as

Leavenworth/Kansas City Imaging Center have been critical in the ability to successfully screen women for breast cancer.

Sustainability:
The navigator program will be set up for success by being housed within the Unified Government Public Health Department. The UGPHD is a stable, long-standing resource to the residents of Wyandotte County. As an entity of the county, the UGPHD will always maintain a role in the health of the citizens and will have a fairly stable funding stream. In addition to the budgeted resources allowed by the county, the UGPHD has a long-standing contract with Early Detection Works allowing for reimbursement of services. The UGPHD is also a regular Susan G. Komen Greater Kansas City grant recipient. Both of these programs focus on breast health services such as those the navigator will be working to connect women with.

Once the patient navigator gains a proven record of success, the health department and its partners will be able to look for more sustainable funding opportunities that are more likely to fund established programs over start up programs. One potential resource that the program will look to is the Health Care Foundation's Safety Net Grant process.

Finally, while little is known about the direction of the political future for the state, and currently the climate does not seem favorable to things such as Medicaid Expansion, there is hope that it will be a national trend for patient navigators to receive permission to ask for patient navigator services as billable hours under the Affordable Care Act in the future. This is a topic that many reputable hospitals and organizations have an interest in seeing accomplished.

Diversity Information
Wyandotte County is very diverse and only one of a few counties nationally where there is no single majority. The Unified Government's residency requirement for employees is reflective of the diverse community it serves and employees mirror the population within their community. The Unified Government is an Equal Opportunity Employer and adheres to the standards of the Americans with Disabilities Act. The UGPHD's mission encompasses all Wyandotte County residents with identifying, promoting and encouraging healthy lifestyle behaviors. While this grant focuses specifically on African American women, all women in need of further assistance will be offered the services of the patient navigator.

Staff Request for Commission Action

Tracking No. 16847

Full Commission Meeting Date: NA
Committee: Administration & Human Services

Date of Standing Committee Action: 11/28/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/18/2016	Bridgette Cobbins	x8039	bcobbins@wycokck.org	Clerk

Item Description:
Presentation on NextRequest, a software package that tracks open records requests.

Action Requested:
For information only

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:

Staff Request for Commission Action

Tracking No. 16861

Full Commission Meeting Date: NA
Committee: Administration & Human Services

Date of Standing Committee Action: 11/28/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
10/25/2016				Administrator's Office

Item Description:
The Unified Government adopted an open data resolution in 2013. Since that time significant work has been undertaken in the area of data management and transparency. By joining What Works Cities, there was a requirement to take further steps in this effort by adopting an administrative policy for open data governance. Staff has now completed an Open Data Governance Administrative Policy to help guide open data efforts for the organization. This new process is detailed in the attached policy and will be coordinate by the recently hired position of Chief Knowledge Officer.

Action Requested:
This is for information only and after presented will become a policy of County Administration.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Alan Howze

County Administrator's Office
Douglas G. Bach, County Administrator

701 North 7th St., Suite 945
Kansas City, Kansas 66101-3064

Phone: (913) 573-5030
Fax: (913) 573-5540

ADMINISTRATIVE POLICY
OPEN DATA ADMINISTRATION

OBJECTIVE

The Unified Government of Wyandotte County/Kansas City, Kansas recognizes that public access to local government information is fundamental to transparency and accountability, and that the proactive disclosure of data promotes citizen engagement with the potential benefit of civic development of new applications to improve service delivery. Therefore, the Unified Government will make datasets publicly available for review, interpretation, analysis and research.

DIRECTIVE

Unified Government departments will work in cooperation with the Open Data Committee as outlined in this Administrative Policy to make datasets publicly available on the UG Open Data site.

DATA STANDARDS

In an effort to promote the interoperability between information systems and the release of data to the public in a way that promotes maximal access to data, departments will strive to incorporate the following standards into data collection;

Machine readability: Data shall be collected and released in machine readable, open formats based on common data standards, that allow for automated processing

Data quality: Datasets shall be complete and available in a timely manner (with the ultimate goal of real-time data release), and when possible should be available for bulk download

License-free: When possible Data will be made available at no cost and using an open license, with no restrictions on copying, publishing, distributing, transmitting, or adapting the information. Data will not be subject to copyright, patent, or trademark regulation.

Metadata: For all datasets hosted on the UG Open Data site, the following metadata requirements shall be provided:

- Name of department responsible for maintaining dataset
- Name of dataset owner in the department where data originates
- Frequency of data update and date and time of most recent update
- Clear labels and explanations of data in each field

GOVERNANCE AND OVERSIGHT

Open Data Committee shall be responsible for overseeing the implementation of the open data program, working with Unified Government departments to:

1. Identify data owners to participate in the department's involvement in the open data program
2. Oversee the development of an inventory of datasets held by departments
3. Develop a process for weighing risk against public benefit when determining whether to publish potentially sensitive datasets
4. Work to procure an open data portal
5. Establish a process for publishing datasets onto the UG Open Data site, including processes for ensuring datasets meet the standards laid out in Data Standards section and datasets that include information determined to be protected or sensitive are excluded from publication
6. Develop a process for prioritizing datasets to be released onto the UG Open Data site, which takes into account:
    a. Relationship to the Mayor's and Board of Commissioners' initiatives and strategic goals
    b. New and existing signals of interest from the public (such as frequency of records requests and survey feedback)
    c. Cost

REPORT AND REVIEW

Within one year of the effective date of this Administrative Regulation the Chief Knowledge Officer shall submit to the Commission of the Unified Government an annual report on the Unified Government's progress toward the goals laid out in Resolution 31-13. The report shall also include a list of datasets currently available on the UG Open Data site, a description and publication timeline for datasets envisioned to be published on the portal in the following year, and recommended changes to the open data program.

DEFINITIONS

Common Data Standards: Any set of data collection standards designed to promote interoperability across agencies and organizations and facilitate the efficient exchange and use of information collected in different systems.

Data: Statistical, factual, quantitative, or qualitative information that is maintained or created by or on behalf of a Unified Government department.

Dataset: A collection of data presented in tabular or non-tabular form.

Interoperability: The ability of different information technology systems, software and data applications to communicate and exchange data, and use the information that has been exchanged.

Metadata: Data that describes a dataset. Metadata summarizes basic information about a dataset, such as the date range covered by a dataset, a description of the dataset, the manager or steward of the dataset, etc.

Open Data: Data made open and freely available online to the public to be republished, manipulated, or used in any other way without restriction.

Open Data Portal: A single web portal maintained by or on behalf of the Unified Government that will be the repository and public access point for the Unified Government's Open Data and will include features that facilitate comments and questions from the public. The internet site is currently located at:

*Open Fo*rmat: Any widely accepted, nonproprietary, platform-independent, machine-readable method for transmitting data, which permits automated processing of such data and facilitates analysis and search capabilities.

Dataset: A named collection of related records, with the collection containing data organized or formatted in a specific or prescribed way, often in tabular form.

Protected information: Any dataset or portion thereof to which a department may deny access pursuant to the Kansas Open Records Act or any other law, rule, or regulation.

Sensitive Information: Any data that, if published on the [central online location where city data shall be stored], could raise privacy, confidentiality or security concerns or have the potential to jeopardize public health, safety or welfare to an extent that is greater than the potential public benefit of publishing that data.

Staff Request for Commission Action

Tracking No. 16881

Full Commission Meeting Date: 12/15/16
Committee: Administration & Human Services

Date of Standing Committee Action: 12/18/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
11/15/2016	Gordon Criswell	x5024	gcriswell@wycokck.org	Community Corrections

Item Description:
Requesting action to dissolve the Community Alcohol Tax Advisory Board. Issue an RFP in January of 2017 to service providers in Wyandotte County who can provide Evidence Based Behavioral Approaches for the treatment of adolescent drug and alcohol abuse on a per use basis.

Action Requested:
Adopt ordinance

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Ord

(Published _____)

ORDINANCE NO. _____

AN ORDINANCE relating to dissolution of the alcohol and drug fund advisory committee and repealing Ordinance Nos. 4-66, 4-67, 4-68, and 4-69.

WHEREAS, the Alcohol and Drug Fund Advisory Committee was created by the Unified Government of Wyandotte County/Kansas City, Kansas to recommend appropriate uses of the Unified Government's special alcohol and drug funds and purchases or contracts for the provision of substance abuse treatment and prevention services; and

WHEREAS, the Board of Commissioners wishes to dissolve the committee and return the direction and control of the special alcohol and drug funds of the Board of Commissioners.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMISSION OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS:

Section 1. That Ordinance No. 4-66, 4-67, 4-68, and 4-69 are hereby repealed.

Section 2. This ordinance shall take effect and be in full force from and after its passage, approval, and publication in the Wyandotte County *Echo*.

ADOPTED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS, THIS _____ DAY OF _____, 2016.

_____
Mark Holland
Mayor/CEO

Attest:

_____
Unified Government Clerk

Approved as to form:

_____
Ryan P. Haga, Assistant Counsel

Staff Request for Commission Action

Tracking No. 16882

Full Commission Meeting Date: NA
Committee: Administration & Human Services

Date of Standing Committee Action: 11/28/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
11/16/2016				Community Development

Item Description:
Community Development Department Update on (1) 2016 CDBG Timeliness of Expenditure; (2) CD Home Repair Program Budget Revision; and (3) Timeline for 2017-2018 CDBG Application Process (if feasible)

(1) HUD performs an annual timeliness test on the expenditure of CDBG funds by August 2. The HUD rule is that the grantee (UG) will have no more than 1.5 times its annual allocation remaining in the letter of credit. The UG did pass the test and the current HUD report dated 11/15/16 reflects that the expenditure rate for the 2015 CDBG funds is currently an expenditure rate of 1.44 (attached). The report also reflects the 2016 grant allocation and the minimum amount of CDBG funds of $1,221,317 that must be expended by August 2, 2017.

(2) The CDBG Home Repair Program has a 2016 budget of $346,815 including prior year commitments of $16,815. As of 11/8/2016, the program expenditures totaled $298,432 and there were $27,990 in outstanding purchase orders. In order to increase the budget, savings of $15,888 in the CD Admin budget, $24,020 in the CD Rehab Project Delivery budget, and $20,000 in CD Public Service Liveable Neighborhoods budget were identified and brought the budget up to $406,723. The current balance is $79,381 to carry the program through year end.

The Home Repair Program expenditures of $298,432 included grants for 6 electrical, 9 furnaces, 26 plumbing (includes sewers, water lines, and septic tanks), 19 roofs and 3 barrier removals. There are currently 19 applicants pending - 2 electrical, 6 plumbing, 4 barrier, and 7 furnaces. The department is still receiving requests on a daily basis.

(3) Timeline for 2017-2018 CDBG Application Process - A draft timeline is attached for review; however, the 2017 CDBG budget is also attached. Depending upon the 2017 allocation from HUD, the feasibility of the application process may be in question. The Standing Committee may want to review the budget and discuss options in early 2017.

Action Requested:
For information only

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
HUD CDBG Timeliness Report, Draft Timeline for 2017-2018 CDBG Application Process, 2017 CDBG Budget

Current CDBG Timeliness Report
Grantee : KANSAS CITY, KS

PGM YEAR	PGM YEAR START DATE	TIMELINESS TEST DATE	CDBG GRANT AMT	--- LETTER OF CREDIT BALANCE --- UNADJUSTED	ADJUSTED FOR PI	DRAW RATIO UNADJ	ADJ	MINIMUM DISBURSEMENT TO MEET TEST UNADJUSTED	ADJUSTED
2015	10-01-15	08-02-16	2,024,813.00	2,909,193.63	3,043,694.98	1.44	1.50		
2016	10-01-16	08-02-17	2,010,986.00	4,237,796.23	4,372,350.88	2.11	2.17	1,221,317	1,355,872

DRAFT

TIMELINE FOR 2017-2018 CDBG APPLICATION PROCESS

March 20
Community Forum on the 2017 Grant application process

March 21- May 1 (42 days)
Agencies would apply for grants until Tuesday, April 29 at noon

May 10
RFA to the UG Clerk for submission of recommendations for the 2017 Grants

May 22
Administration and Human Services Standing Committee

June 1
Full Commission approval (if forwarded by AHS)

June 9
Publication of CDBG Annual Action Plan

June 12 - July 13
Thirty (30) day citizen review period of Consolidated Plan

2017 CDBG BUDGET

PROGRAM	TOTAL	NOTES
CD Program Administration		
Administration	397,232	
Fair Housing	10,000	
	407,232	
CDBG Section 108 Repayment	**280,000**	*Payable through 2019*
CDBG Public Services		
Livable Neighborhoods	20,000	*CDBG Application Process*
Willa Gill Multi-Service Center	148,000	*CDBG Application Process*
WHSC Continuum of Care Coordinator	52,575	*CDBG Application Process*
Doing Real Work**	50,000	*CDBG Application Process*
	270,575	
CDBG Acquisition/Rehab/Reconstruction		
Emergency Home Repair	300,000	
Project Delivery	387,781	
	687,781	
CDBG Demolition		
Project Delivery	82,700	
Demolition	256,778	
	339,478	
CDBG Public Facilities & Improvements		
Bethel Neighborhood Center	131,000	*CDBG Application Process*
Mt. Carmel Transitional Housing	111,100	*CDBG Application Process*
Pubic Works - Stony Point Sidewalk/ADA Ramps	58,000	*CDBG Application Process*
	300,100	
TOTAL CDBG BUDGETS	**2,285,166**	
HUD 2016 CDBG Allocation	-2,010,986	
Prior Year CDBG Funds	-274,180	
Total	**0**	
*** Awaiting Year End Report from Muncipal Court*		

16884

Godsil, Carol

Subject: FW: Permission to speak at the Commissioner's meeting
Attachments: Request to Appear Form.docx

Importance: High

From: Lisa Vestal [mailto:mawmawlisa@aol.com]
Sent: Friday, September 23, 2016 9:56 AM
To: Cobbins, Bridgette D
Subject: Permission to speak at the Commissioner's meeting

Mr. Mayor,

I would like permission to speak at the Commissioner's meeting concerning taxes, misappropriation of funds, and you performance as mayor.

Thank You,

William (Bill) Moore

Unified Government Clerk's Office

Bridgette D. Cobbins
Unified Government Clerk

701 North 7th Street, Suite 323
Kansas City, Kansas 66101-3070

Phone: 913-573-5260
Fax: 913-573-5299
http://www.wycokck.org

November 17, 2016

William "Bill" Moore
1506 N. 51st St.
Kansas City, KS 66102

Mr. Moore:

This is to confirm that your request to appear before a standing committee concerning taxes, misappropriation of funds, and the performance of the Mayor, has been approved for the following standing committee:

COMMITTEE: Administration and Human Services Standing Committee
DATE: Monday, November 28, 2016
TIME: **6:00 p.m.**
LOCATION: Municipal Office Building
701 North 7th Street, 5th floor conference room (Suite 515)
Kansas City, KS 66101

You will be given up to five minutes to make your comments. All comments must pertain to the subject matter.

If you have any questions, do not hesitate to contact me at 573-5263.

Sincerely,

Carol Godsil

Carol Godsil
Deputy UG Clerk

Unified Government Clerk's Office

Bridgette D. Cobbins
Unified Government Clerk

701 North 7th Street, Suite 323
Kansas City, Kansas 66101-3070

Phone: 913-573-5260
Fax: 913-573-5299
http://www.wycokck.org

October 14, 2016

William "Bill" Moore
1506 N. 51st St.
Kansas City, KS 66102

Mr. Moore:

This is to confirm that your request to appear before a standing committee concerning taxes, misappropriation of funds, and the performance of the Mayor, has been approved for the following standing committee:

COMMITTEE: Administration and Human Services Standing Committee
DATE: Monday, November 28, 2016
TIME: *To be determined
LOCATION: Municipal Office Building
701 North 7th Street, 5th floor conference room (Suite 515)
Kansas City, KS 66101

You will be given up to five minutes to make your comments. All comments must pertain to the subject matter.

If you have any questions, do not hesitate to contact me at 573-5263.

Sincerely,

Carol Godsil

Carol Godsil
Deputy UG Clerk

* We will telephone (913-202-2741) you at approximately 11:00 a.m., November 17th, with the start time of the meeting.