Administration and Human Services Committee
Standing Committee Meeting Agenda
Monday, February 26, 2018
5:05 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 February 26, 2018 Agenda**

III. **Approval of standing committee minutes from December 11, 2017.**

IV. **Committee Agenda**

Item No. 1 - GRANT: "BEAT THE PACK" PROGRAMS

Synopsis: Request acceptance of a $107,000 Special Initiative Grant from the Health Care Foundation of Greater Kansas City for "Beat the Pack" programs, submitted by Terry Brecheisen, Health Department Director. No match is required, though in-kind support will be provided from the Health Department's FY2018 Chronic Disease Risk Reduction grant.

It is requested that this item be fast tracked to the March 1, 2018 full commission meeting.

Tracking #: 1864

Item No. 2 - ORDINANCE: MUNICIPAL COURT COSTS

Synopsis: Ordinance amending Sec. 23-13(a)(4) regarding the cost associated with late fees when a defendant fails to appear at a scheduled court date to more accurately reflect the actual cost of court processing with missed court appearances, submitted by Crystal Sprague, Municipal Court Administrator.

Tracking #: 1890

Item No. 3 - REQUEST: DESIGNATE OPPORTUNITY ZONES

Synopsis: Authorize County Administrator to pursue Opportunity Zone designation for all

qualified census tracts within Wyandotte County, and to work with the State of Kansas to seek final designation and approval, submitted by Jon Stephens, Economic Development Director; and Wilba Miller, Community Development Director.
Tracking #: 1896

Item No. 4 - RECOMMENDATION: BIKE SHARE EXPANSION PLAN
Synopsis: Recommended strategies and specific grant opportunities to expand a regional bike share system, operated by Bikewalk KC, into Kansas City, KS, submitted by Rob Richardson, Planning Director. The Rosedale Master Plan and additional planning work includes the expansion.

It is requested that this item be fast tracked to the March 1, 2018 full commission meeting.
Tracking #: 1891

Item No. 5 - GRANT: CONGESTION MITIGATION/AIR QUALITY, SURFACE TRANSPORTATION BLOCK GRANT PROGRAM, TA SET-ASIDE
Synopsis: Authorize staff to apply for federal funding through MARC to construct new sidewalks, submitted by Rob Richardson, Planning Director. The $500,000 grant would require a 20% match ($100,000) to be paid from the 2018 budgeted sidewalk funds.

It is requested that this item be fast tracked to the March 1, 2018 full commission meeting.
Tracking #: 18101

Item No. 6 - PRESENTATION: PARKS & RECREATION COST OF SERVICES & USER FEE STUDY
Synopsis: A presentation on the Parks & Recreation Cost of Services and User Fee Study conducted by Bret Schyler of MGT Consulting Group, LLC, submitted by Kathleen VonAchen, Chief Financial Officer; and Jeremy Rogers, Parks & Recreation Director.

For information only.
Tracking #: 1872

V. **Public Agenda**

VI. **Adjourn**

ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, December 11, 2017

The meeting of the Administration and Human Services Standing Committee was held on Monday, December 11, 2017, at 5:41 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Markley, Chairman; Commissioners Johnson, Kane and Bynum. Commissioner Philbrook was absent. The following officials were also in attendance: Gordon Criswell and Melissa Sieben, Assistant County Administrators; Henry Couchman and Patrick Waters, Senior Attorneys; Sharon Reed, Director of Procurement & Contract Compliance; and Doug Bailey, Sergeant-at-Arms.

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

Approval of standing committee minutes for October 23, 2017. **On motion of Commissioner Kane, seconded by Commissioner Johnson, the minutes were approved**. Motion carried unanimously.

Committee Agenda:
Item No. 1 – 171421… ORDINANCE: APPOINTMENT TO STANDING COMMITTEES
Synopsis: An ordinance relating to appointment to standing committees, amending Appendix C, Section 205 of the 2008 Code of Ordinances and Resolutions, submitted by Patrick Waters, Senior Attorney. It is requested that this item be fast tracked to the December 21, 2017 full commission meeting.

Patrick Waters, Senior Attorney, said this amendment simply updates the ordinance to reflect the new state laws and new election timeframes that the service for standing committees will begin in January now.

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

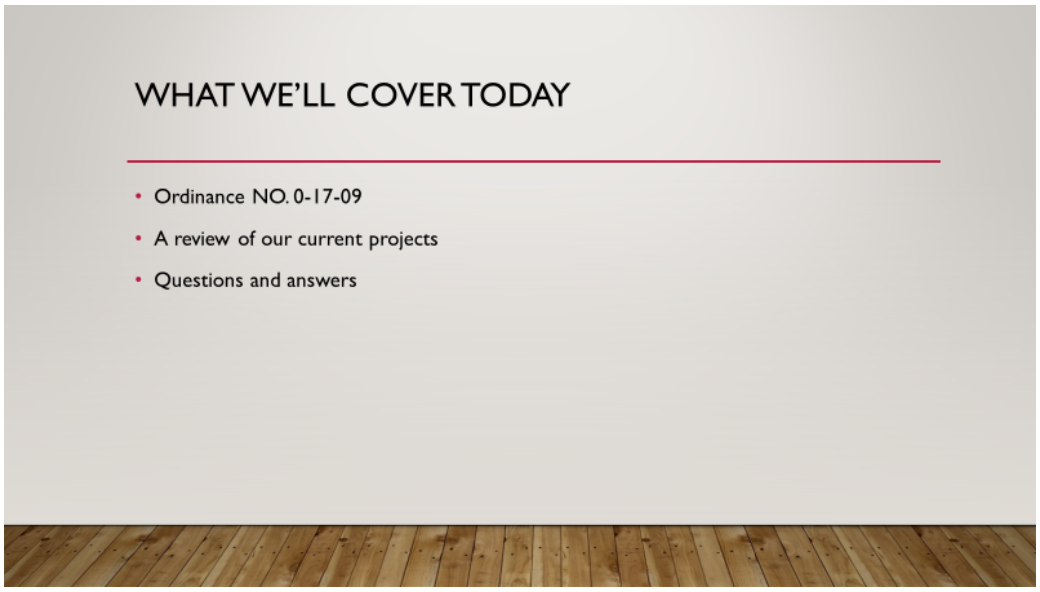
Item No. 2 – 171425…ORDINANCE: EXTENDING MBE/WBE PROGRAM

Synopsis: An ordinance extending the sunset date of the MBE/WBE Program for construction contracts exceeding $250,000 by two years, to December 31, 2019; amending Ordinance O-71-15, submitted by Henry Couchman, Senior Attorney. It is requested that this item be fast tracked to the December 21, 2017 full commission meeting.

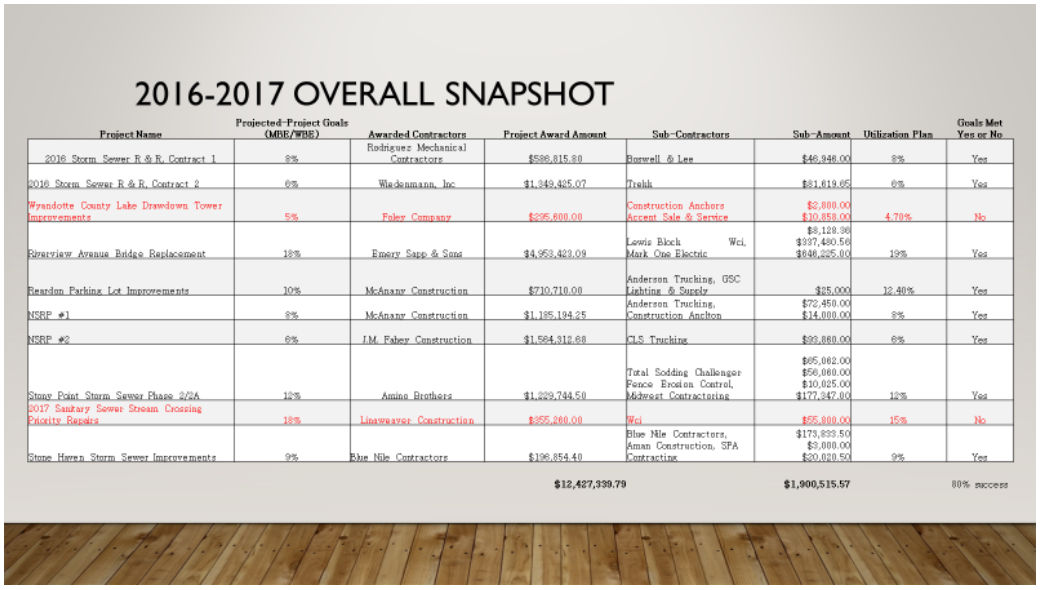
Henry Couchman, Senior Attorney, said the ordinance that authorizes the Unified Government's MBE/WBE Program for construction contracts exceeding $250,000 is scheduled to expire on December 31. This ordinance would extend that deadline by two years to December 31, 2019. Sharon Reed, who's the Purchasing Director, is here. I think she has a presentation to fill you in on some of the details of the program.

Sharon Reed, Director of Purchasing & Contract Compliance, said I'm here to show you our project goals and I'm going to let you know how effective the program is working.

I'm going to show the current projects for Public Works and Economic Development and some of the future projects.



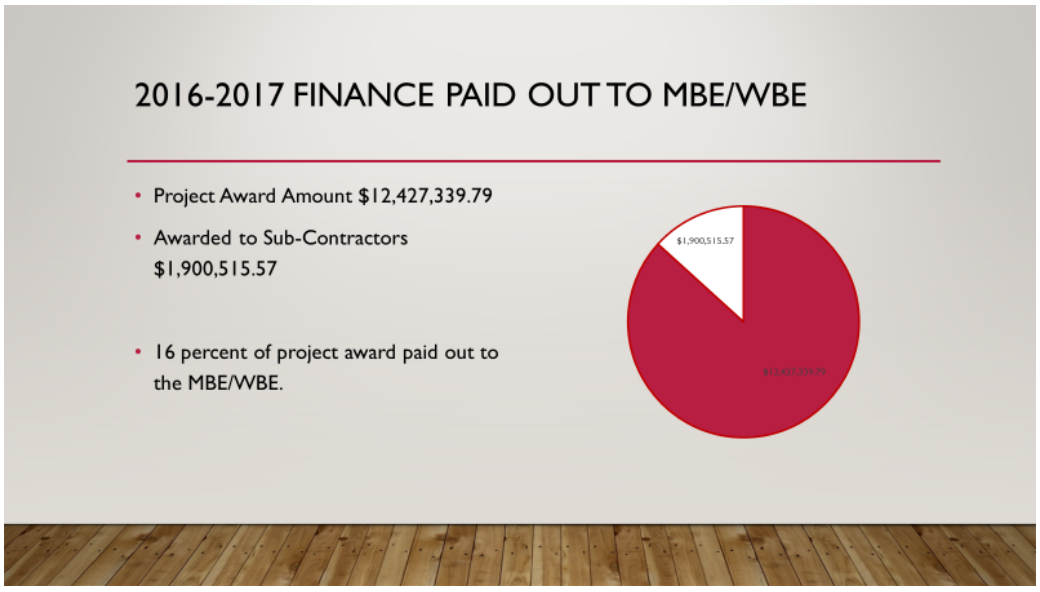
This pertains to our ordinance that is due to expire December 31, 2017 and the review of our current projects and any questions and answers afterwards.



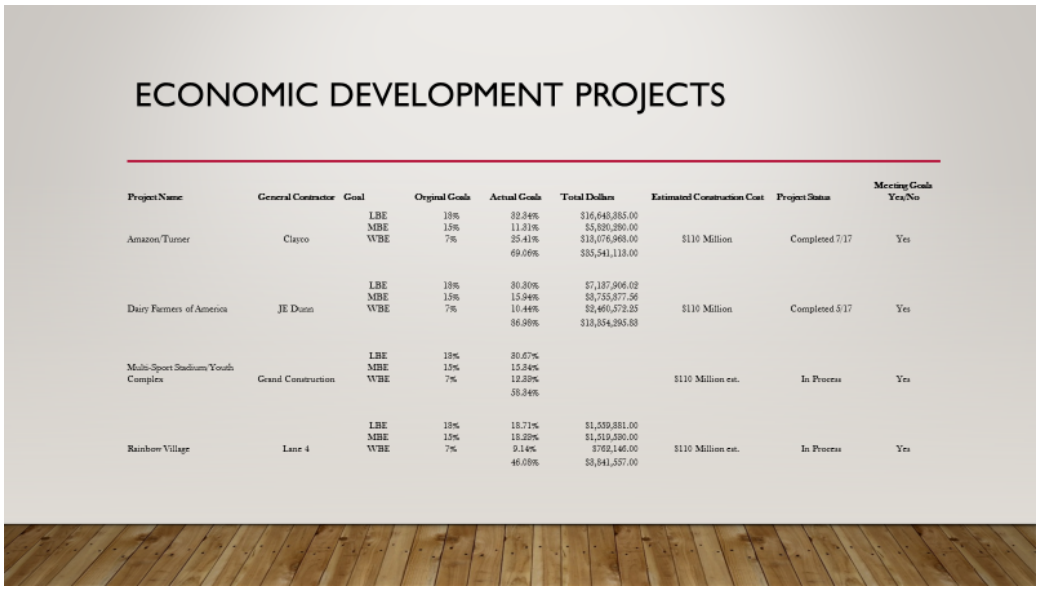
2016-2017 OVERALL SNAPSHOT

Project Name	Projected-Project Goals (MBE/WBE)	Awarded Contractors	Project Award Amount	Sub-Contractors	Sub-Amount	Utilization Plan	Goals Met Yes or No
2016 Storm Sewer R & R, Contract 1	8%	Rodrigues Mechanical Contractors	$586,815.80	Boswell & Lee	$46,946.00	8%	Yes
2016 Storm Sewer R & R, Contract 2	6%	Wiedenmann, Inc	$1,849,425.07	Trakk	$81,619.65	6%	Yes
Wyandotte County Lake Drawdown Tower Improvements	5%	Fabey Company	$295,600.00	Construction Anchors Accent Sale & Service	$2,880.00 $10,858.00	4.70%	No
Riverview Avenue Bridge Replacement	18%	Emery Sapp & Sons	$4,953,423.09	Lewis Block Wci, Mark One Electric	$8,128.36 $337,480.56 $646,225.00	19%	Yes
Reardon Parking Lot Improvements	10%	McAnany Construction	$710,710.00	Anderson Trucking, GSC Lighting & Supply	$25,000	12.40%	Yes
NSRP #1	8%	McAnany Construction	$1,185,194.25	Anderson Trucking, Construction Anchton	$72,450.00 $14,000.00	8%	Yes
NSRP #2	6%	J.M. Fabey Construction	$1,564,312.68	CLS Trucking	$93,860.00	6%	Yes
Stony Point Storm Sewer Phase 2/2A	12%	Amino Brothers	$1,229,744.50	Total Sodding Challenger Fence Erosion Control, Midwest Contracting	$65,062.00 $56,060.00 $10,025.00 $177,947.00	12%	Yes
2017 Sanitary Sewer Stream Crossing Priority Repairs	18%	Lingwearer Construction	$955,280.00	Wci	$55,880.00	15%	No
Stone Haven Storm Sewer Improvements	9%	Blue Nile Contractors	$196,854.40	Blue Nile Contractors, Aman Construction, SPA Contracting	$173,833.50 $3,000.00 $20,020.50	9%	Yes
			$12,427,339.79		$1,900,515.57		80% success

This is just an overall snapshot of some of the Public Works projects that require goals that are $250,000 and over. As you can see, although we've had two that did not meet their goals, they really did come close. We have the 2016 projects. I have in there the overall goals of the project and then the Utilization Plan that they submit to ensure that they meet those goals. To say if they met the goals or not, yes/no. The overall dollar figures that comes from the MBE/WBE, which are the subcontractors. Overall you can see at the bottom that we've had like an 80% success rate.



This is what we've paid out to MBE/WBEs. The project award amount is $12M and awarded to the subcontractors. We had 16% of the project awards paid out to the MBEs and WBEs. Our program over the last two years that I've managed this we have been very successful.



Project Name	General Contractor	Goal	Original Goals	Actual Goals	Total Dollars	Estimated Construction Cost	Project Status	Meeting Goals Yes/No
		LBE	18%	32.34%	$16,648,385.00			
		MBE	15%	11.31%	$5,820,280.00			
Amazon/Turner	Clayco	WBE	7%	25.41%	$13,076,968.00	$110 Million	Completed 7/17	Yes
				69.06%	$35,541,113.00			
		LBE	18%	30.30%	$7,187,906.02			
		MBE	15%	15.94%	$3,755,877.56			
Dairy Farmers of America	JE Dunn	WBE	7%	10.44%	$2,460,572.25	$110 Million	Completed 5/17	Yes
				86.96%	$13,354,295.83			
		LBE	18%	30.67%				
Multi-Sport Stadium/Youth		MBE	15%	15.34%				
Complex	Grand Construction	WBE	7%	12.33%		$110 Million est.	In Process	Yes
				58.34%				
		LBE	18%	18.71%	$1,539,881.00			
		MBE	15%	18.29%	$1,519,530.00			
Rainbow Village	Lane 4	WBE	7%	9.14%	$762,146.00	$110 Million est.	In Process	Yes
				46.08%	$3,841,557.00			

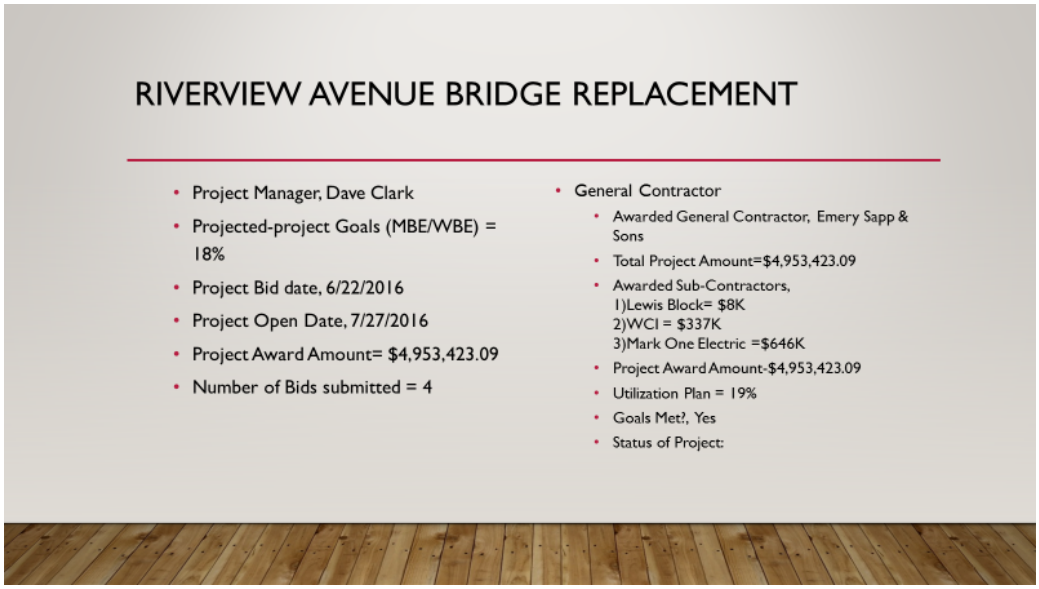
These are the Economic Development Projects. This is the Turner project. As you can see, they start out with their original goal which was 18,15 and 7. Although they came in and they exceeded the LBEs, and although they did not exceed the MBEs, they did exceed the WBEs. As you can see as the pattern, so did the Dairy Farmers. We're still currently working with the multiplex at the stadium and at the Rainbow Village. Currently, they are exceeding their goals.

Actually, this is just a snapshot of the spreadsheet that I showed beforehand. It just gives you a lot more information. This is the spreadsheet that I go in and I do manually put all this information in. **Chairman Markley** asked, Sharon, can you send us this presentation via email just so we can get a little closer look at anything we might have a specific interest in.

Commissioner Bynum said if I'm understanding correctly, there are projects that are private if you will, but have a goal. **Ms. Reed** said economic development. **Commissioner Bynum** said through our ordinance. Then there are public. **Ms. Reed** said Public Works. **Commissioner Bynum** said you're showing us both. **Ms. Reed** said yes, ma'm.

Melissa Sieben, Assistant County Administrator, said the first set of numbers she showed you were all of our public, or in-house, projects, and how the Unified Government over $250,000 threshold played out on those projects. The second one she's showing is all Economic Development.

Mr. Couchman said this particular ordinance just deals with the in-house contracts. It doesn't deal with the economic development agreements. Those are negotiated separately. **Commissioner Bynum** said usually kind of one case at a time, right. **Mr. Couchman** said that's correct.



REARDON PARKING LOT IMPROVEMENTS

- Project Manager, Troy Shaw
- Projected-project Goals (MBE/WBE) = 10%
- Project Bid date, 8/28/2017
- Project Open Date, 9/20/2017
- Project Award Amount= $711K
- Number of Bids submitted = 4

- General Contractor
  - Awarded General Contractor, McAnany Construction
  - Total Project Amount=$711K
  - Awarded Sub-Contractors, 1)Anderson Trucking= $25K 2)GSC Lighting = $25K
  - Project Award Amount=$711K
  - Utilization Plan = 12.40%
  - Goals Met?, Yes
  - Status of Project: In-Process

NSRP #1

- Project Manager, Troy Shaw
- Projected-project Goals (MBE/WBE) = 8%
- Project Bid date, 7/17/2017
- Project Open Date, 8/9/2017
- Project Award Amount= $1,185,194.25
- Number of Bids submitted = 2

- General Contractor
  - Awarded General Contractor, McAnany Construction
  - Total Project Amount=$1,185,194.25
  - Awarded Sub-Contractors, 1)Anderson Trucking= $72K 2)Anclton = $14K
  - Project Award Amount=$711K
  - Utilization Plan = 8%
  - Goals Met?, Yes
  - Status of Project: In-Process

NSRP #2

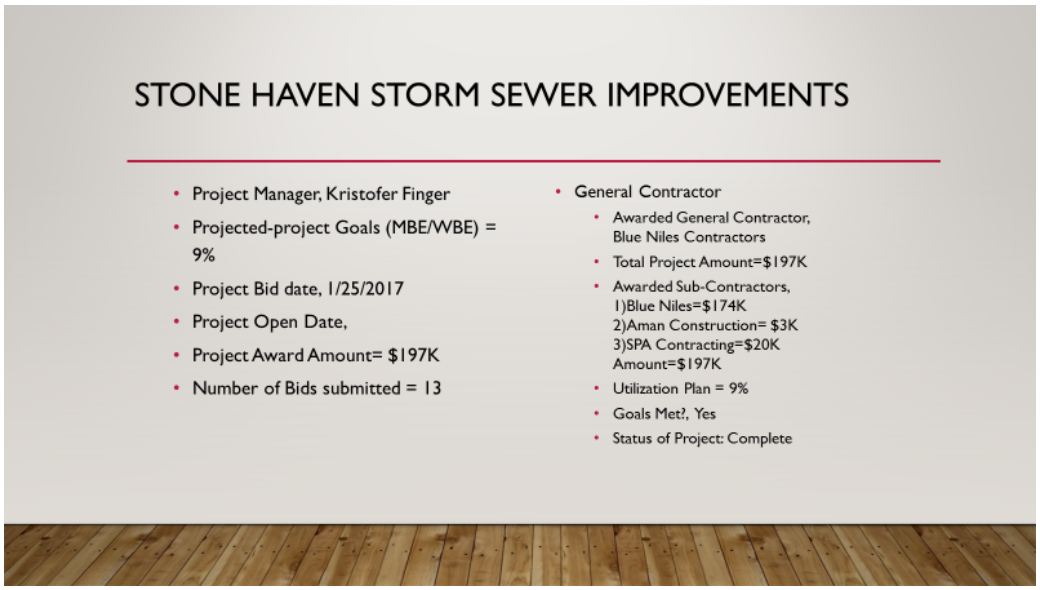
- Project Manager, Troy Shaw
- Projected-project Goals (MBE/WBE) = 6%
- Project Bid date, 8/7/2017
- Project Open Date, 8/30/2017
- Project Award Amount= $1,564,312.68
- Number of Bids submitted = 2

- General Contractor
  - Awarded General Contractor, JM Fahey Construction
  - Total Project Amount=$1,564,312.68
  - Awarded Sub-Contractors,
    1)CLS Trucking= $25K
    2)GSC Lighting = $25K
  - Project Award Amount=$94K
  - Utilization Plan = 6%
  - Goals Met?, Yes
  - Status of Project: In-Process

STONY POINT STORM SEWER PHASE 2/2A

- Project Manager, Sarah Fjell White
- Projected-project Goals (MBE/WBE) = 12%
- Project Bid date, 2/3/2017
- Project Open Date, 3/1/2017
- Project Award Amount= $1,229,744.50
- Number of Bids submitted = 10

- General Contractor
  - Awarded General Contractor, Amino Brothers
  - Total Project Amount=$1,229,744.50
  - Awarded Sub-Contractors,
    1)Total Sodding=$65K
    2)Challenger Fence=56K
    3)Erosion Control=10K
    4)Midwest Contracting= 177K
  - Project Award Amount=$94K
  - Utilization Plan = 12%
  - Goals Met?, Yes
  - Status of Project: In-Process



Ms. Reed said I'm just going to scroll through because this is all of the projects that were in the spreadsheet. I just put them here so that you could have further information.

Commissioner Bynum said I do have another question, I'm sorry. For example, on this last slide, a goal of 9% or a goal of 10%, is that standard across maybe other jurisdictions? Is that a good goal to set? Should we push ourselves and set higher goals? I'm just asking a question for conversation. **Ms. Reed** said yes, on some of the goals we do set them at 18%. It just depends on the specific project and if we can identify what areas in there that we can obtain the MBEs and WBEs.

With the Advisory Board we take a look at it. At that point based on the dollar amount we divide that out, come out with a percentage and we come to an agreement how those goals can be set. **Ms. Sieben** said Sharon has access to several databases and also her network of peers in procurement in the region to help be able to ferret that out if they would have any challenges. The folks on the board are obviously interested in what is happening and trying to make sure that we're getting as much participation as possible. **Ms. Reed** said as of today we met with the Advisory Board and we did set goals on three future projects that will be coming out I think in 2018.

Commissioner Johnson said I'm just curious as to what were some of the comments that you all received back from the Advisory Board, good, bad or indifferent. **Ms. Reed** said, actually, the Advisory Board, we work really well together. Actually, their input, they look through those documents and they go through them with a fine-tooth comb as far as the descriptions where we can get the participation in. Collaboratively, we work to establish those goals. I think we've had great communication as we move forward.

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

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

Adjourn

mls

Staff Request for Commission Action

Tracking No. 1864

Full Commission Meeting Date: 3/1/18
Committee: Administration & Human Services

Date of Standing Committee Action: 2/26/18
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
01/22/2018	Terry Brecheisen	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:

The Health Department has been awarded a Special Initiative grant from the Health Care Foundation of Greater Kansas City for $107,000. This grant will help provide medication, support, resources, and access to care for residents of the Kansas City Kansas Housing Authority, as the KCKHA implements the mandated smoke-free policy in all its housing sites, which must be completed by July 2018. "Beat the Pack" programs will be offered for resident smokers, and local pharmacists and medical providers will work to streamline known barriers in accessing cessation benefits. There is no match requirement for the grant, though in-kind support will be provided from the Health Department's FY2018 Chronic Disease Risk Reduction grant.

Action Requested:
Fast track to the 3/1/18 full commission meeting for approval of grant request/award.

Budget Impact: (if applicable)
Amount: $0.00
Source:
Included In Budget:
Other (explain): Grant funding request/award

Attachments List:
HCF Budget Applications _ Final, HCF cessation grant Proposal_Final, Grant Request

HEALTH CARE FOUNDATION of Greater Kansas City (HCF)

Healthy Communities Wyandotte

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**	$0	$0	$0	$0
Chronic Disease Risk Reduction	**S**	$0	$7,000	$7,178	$14,178
Kansas City Kansas Housing Authority	**S**	$0	$0	$10,067	$10,067
		$0	$0	$0	$0
		$0	$0	$0	$0
		$0	$0	$0	$0
Total Revenue		**$0**	**$7,000**	**$17,245**	**$24,245**

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
HCW Program Coordinator	$50,408	0.2 FTE	$5,041	$0	$5,040	$10,081
Director of Housing Management (KCKHA)	$93,100	0.05 FTE	$0	$0	$4,655	$4,655
Self Sufficiency Coordinator (KCKHA)	$54,121	0.1 FTE	$0	$0	$5,412	$5,412
						$0
						$0
Total Salary			**$5,041**	**$0**	**$15,107**	**$20,148**

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
HCW Program Coordinator			$2,138	$0	$2,138	$4,276
						$0
						$0
						$0
Total Benefits and Payroll Taxes			**$2,138**	**$0**	**$2,138**	**$4,276**

Other Direct Expense:

(e.g. Training Expenses, Consulting Fees, etc.)			HCF	Other	In-Kind	Total
Contract with Black Health Care Coalition			$44,475	$0	$0	$44,475
Contract with Kansas Pharmacy Foundation			$41,121	$0	$0	$41,121
Transportation for KCKHA residents			$1,000	$0	$0	$1,000
Services in Spanish			$500	$0	$0	$500
Communications (Printing, other media)			$6,800	$0	$0	$6,500
						$0
Total Other Direct			**$93,896**	**$0**	**$0**	**$93,596**

*Equipment & Supplies:

			HCF	Other	In-Kind	Total
Smoke-Free Signage				$4,000	$0	$4,000
Design for communications materials				$3,000	$0	$3,000
Mailing Costs			$3,026	$0	$0	$3,026
Meeting Supplies (Food)			$900	$0	$0	$900
						$0
Total Equipment/Supplies			**$3,926**	**$7,000**	**$0**	**$10,926**
SUBTOTAL			**$105,000**	**$7,000**	**$17,245**	**$128,945**

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.	**$2,000**	**$0**	**$0**	**$2,000**
Total All Expenses	**$107,000**	**$7,000**	**$17,245**	**$130,945**

HEALTH CARE FOUNDATION of Greater Kansas City (HCF)

Healthy Communities Wyandotte

Application Budget Worksheet & Narrative Template

Net Revenue

YEAR 1

HCF Budget Justification - YEAR 1

ıe - Explain how each line item of the project Revenue was determined (or calculated) for each: **HCF** funds, **Other** funds **n-kind support**. [*For example, an entry of $25,000 in volunteer time as part of project revenue requires an ation of how the amount was calculated, such as: 1086 hours of donated time at $23 an hour=$25,000.In regards ulating donated time,the following link is helpful in determining how to calculate volunteer value into a monetary* :*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** . Staff benefits

support will be partially funded by HCF funds and partially funded through the Wyandotte County Health Department's Disease Risk Reduction Grant (CDRR). The Program Coordinator coordinates the Tobacco Free Wyandotte Action team acco grant activities at the Wyandotte County Health Department, including support for the Kansas City Kansas Housing y smoke-free policy. We anticipate that the HCW Program Coordinator will spend 20% of her time coordinating s associated with this project.

City Kansas Housing Authority Support will be provided In-Kind. Both the Firector of Housing Management and iciency Coordinator are providing support and coordination for project activities.

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

Coordinator benefits includes: FICA, KPERS, Health, Dental

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

ub-Award to the Black Health Care Coalition ($44475) includes:

ıe Pack Sessions running 2x in grant year:

l for 20 Ambassadors: **$15000**

, Raffle Prizes and supplies for 18 classes: $ **9450**

BTP costs: $24450

Costs

g Materials $250

Patient Navigator .33 FTE $10,000

Director (provide training and oversight) .05 FTE $3,500

Secretary (process reports and payment for ambassadors) 10 hrs @ $12.50/hr $125

Coordinator (plan 18 health fairs, recruit volunteers) .15 FTE $5,250

:$900.00

BHCC Costs: $20,025

ıb-Award to the Kansas Pharmacist Foundation ($41,121) includes:

HCF Budget Justification - YEAR 1

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

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HCF Budget Justification - YEAR 2

enue - Explain how each line item of the project Revenuewas 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 requires explanation of how the amount was calculated, such as: 1086 hours of donated time at $23 an hour=$25,000.In ards to calculating donated time,the following link is helpful in determining how to calculate volunteer value into a netary 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 **In-kind** ort .

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

YEAR 3

Net Revenue				
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: Sa						
$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/clarifyingc						
In-Kind	**Total**								
$0	$0								
	$0								
	$0								
	$0								
$0	**$0**								
In-Kind	**Total**								
$0	$0								
	$0								
	$0		***Equipment/Supplies** - Please attach list of equipment						
	$0								
	$0								
$0	**$0**								
$0	**$0**								
In-Kind	**Total**								

$0	$0							
			Indirect Expenses- Insert any additional/clarifyingcom					
$0	$0							

: your Revenue entries here

alaryentries here

ngcomments re: your Benefits/Payroll Taxes entries here

comments re: your Other Direct Expense entries here

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

ıments 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
Special Initiative Grant Narrative

Organization: Healthy Communities Wyandotte, an initiative of Unified Government of Wyandotte County/Kansas City, KS

Problem or Need

WyCo's Smoking Problem

Wyandotte County (WyCo) has many unique attributes that make it a wonderful place to live, like its diversity and tight-knit communities, but it also unfortunately boasts the worst health outcomes in Kansas and numerous economic difficulties. One of the leading causes of poor health outcomes in the county is the disproportionately high adult smoking rate of 23.9% (2015 BRFSS), substantially higher than Kansas as a whole at 17.7%. This high smoking rate is particularly disconcerting when you consider that tobacco use continues to be the leading cause of preventable death and disease in the United States and Kansas. In fact, cigarettes cause roughly 4,400 deaths in Kansas and more than $1.1 billion in medical expenses every year.

WyCo's Quitting Problem

Even though roughly 56% of WyCo residents who smoke are interested in quitting (2015 BRFSS), treatment to help people quit is difficult to attain due to lack and effective use of current resources. Access to medications in particular is important. People who use nicotine replacement therapy (NRT) and other cessation medications correctly are twice as likely to stay quit compared to those with no resources or support. Unfortunately, there are barriers to accessing these medications. Roughly 18% of the WyCo population is uninsured, making both the prescription and the up-front cost of these much-needed medications unattainable. For those with insurance, such as Medicaid, cessation medications are covered with no cost to the consumer. But a 2016 Health Affairs article estimated that only 3% of adult Medicaid beneficiaries who smoke in Kansas used their medication benefit to quit smoking.[1]

Low utilization of insurance benefits stem a lack of collaboration and communication among the public health system, prescribers, and pharmacists. Residents must receive a prescription from a doctor to take advantage of insurance coverage for cessation medications. While this seems reasonable, we know that when a person is ready to make a quit attempt, they may not be able to get to a doctor visit or their doctor may not ask about tobacco use. If the patient does succeed in getting a prescription, they need to successfully fill the prescription within the parameters of their insurance plan. Pharmacists have found that simply choosing the wrong brand or flavor can trigger a denial by Medicaid. For pharmacists that do not know that NRT will, in fact, be reimbursed by Medicaid, the transaction could end with a patient leaving the pharmacy empty handed. Finally, there is a missed opportunity in our health care system when a community pharmacist has the chance to counsel someone to quit during medication management but they do not have the skills or are not incentivized to have this conversation. It would be in everyone's benefit for providers and pharmacists to collaborate. They would leverage expertise and unique opportunities with the patient to work together toward the goal of removing barriers to medication and achieving successful quit attempts for each patient.

Residents of public housing: a priority population

[1] Leighton Ku, Brian K., Bruen, Erika Steinmetz and Tyler Bysshe. Medicaid Tobacco Cessation: Big Gaps Remain in Efforts to Get Smokers To Quit. *Health Affairs* 35, no. 1 (2016): 62-70

In 2017, another important change entered into this scene – the U.S. Department of Housing and Urban Development implemented their final rule requiring every Housing Authority in the United States to go smoke-free by the end of July 2018. The Kansas City Kansas Housing Authority (KCKHA) began their efforts to move toward a smoke-free policy in June 2017. Unfortunately, KCKHA was not provided with any funding to implement this policy, meaning that they are dependent upon community partners to provide residents with resources to make the transition to smoke-free housing easier. In this case, the Unified Government Health Department (UGHD) is providing in-kind staff support as well as financial resources from state-sponsored tobacco control grants to offset the cost of signage.

As shown in the 2014 Surgeon General's report on "The Health Consequences of Smoking – 50 years of progress", the primary aim of smoke-free policies is to reduce exposure to secondhand smoke, but these policies also increase quit attempts. However, the UGHD has no funding to provide direct service for cessation. While this is a moment in time when many WyCo residents are likely to quit smoking, there are many who are not connected to evidence based treatment to ensure that they stay tobacco free and compliant with new mandatory housing policy.

Our solution

We believe that this is an opportunity to both fix systematic difficulties in obtaining treatment for tobacco while addressing an urgent need for the WyCo community to compassionately support people who may be housed at KCKHA properties with no alternatives for care.

Organization & Project Overview

Brief History of Organization

In response to the 2009 County Health Rankings which listed WyCo as having the worst health in the state, Mayor Joe Reardon convened a large group of community stakeholders to strategize a plan of improvement. As a result of that process, the Healthy Communities Wyandotte (HCW) coalition was born.

HCW's mission is to mobilize the community through increased communication, coordination, culture change, innovative leadership and community participation. Led by a steering committee of community leaders from education, health, business, government and community organizations, HCW's work is executed by action teams that correspond to specific focus areas. In 2015, the Steering committee approved the creation of HCW's newest action team, Tobacco Free Wyandotte (TFW), in response to data showing that WyCo's disproportionately high smoking rate was the 3rd most influential factor holding the county's ranking down.

Since its inception, HCW has been successful in leading teams towards meaningful results and TFW has been no exception in its two years of work. In TFW's first months, they partnered with the Tobacco21KC effort to support the Tobacco 21 policy in Kansas City, KS – the first policy of its kind in the state. They then brought the policy to Bonner Springs and helped to facilitate the implementation of both of those policies through communications to retailers, providing signage, and most recently successfully obtaining a grant to facilitate enforcement. In addition, this team helps support advocacy at the Kansas statehouse and supports communications campaigns such as a postcard detailing Medicaid benefits sent to every Medicaid beneficiary in WyCo.

HCW prides itself on bringing together non-traditional partners to find creative and innovative solutions to the community's needs. The Tobacco Free Wyandotte Coordinator for HCW will have a facilitator role in this grant initiative to help organize the work between our many valuable partners who will each be lending unique expertise to the project.

The Target Population/Community(ies):

This project's systems changes have the potential to impact all of WyCo, which has a population of 163,831 people and is 41.6% white, 23.7% black, and 28.3% Latino (2016 census). WyCo is a low-income county where 21.9% of the population lives under the poverty level compared to 12.1% of the population in Kansas. In 2015 according to the BRFSS, 25.5% of residents lacked health insurance, compared to 12.8% in Kansas. WyCo's socioeconomic problems compound its health problems. In almost every indicator we are significantly worse than the state average.

The target population for this project is KCKHA residents. KCKHA is the largest Housing Authority in the state with over 2000 units housing over 3000 people. Unfortunately, we do not have data showing the number of smokers or the insurance status of residents. Staff is currently conducting an assessment with each lease holder to determine this data. We do know that 30% of Kansans living at or below the poverty line smoke, compared to 12.8% for the general population (2015 KS BRFSS). We estimate that this is the case with KCKHA residents since poor and minority populations have been disproportionately targeted by the tobacco industry[2] [3].

The KCKHA is committing their Self Sufficiency Coordinator to act as a liaison between project staff and residents. This Coordinator will work with Resident Councils, elected leadership bodies at each KCKHA site, to coordinate activities, services, and communications to residents. This approach allows our project personnel to personalize the communication approach to the specific needs and preferences of the building. In addition, we will have at least one peer liaison in each KCKHA site who will be the cessation class leader. This peer-led strategy will ensure that the classes are done at a time and in a way that is most approachable to the resident population. Because they live on-site, peer liaisons can help with class retention by offering support when classes are not in session.

Proposed Project Activities

The following grant activities will be performed between December 2017 and December 2018:

Activity	Purpose and Justification

[2] Yu, D. et al Tobacco outlet density and demographics: Analysing the relationships with a spatial regression approach, Public Health , Volume 124 , Issue 7 , 412 - 416

[3] Brown-Johnson CG, England LJ, Glantz SA, et al Tobacco industry marketing to low socioeconomic status women in the USA Tobacco Control 2014;23:e139-e146.

Beat the Pack Program and Case management with KCKHA and BHCC	The BHCC will coordinate a cessation program directly on KCKHA properties. KCKHA staffs will recruit 20 peer leaders who are current or former smokers. These peer leaders will go through a one day training on the "Beat the Pack" curriculum in December. Then, the peer leaders will work with resident councils and the BHCC staff coordinator to schedule kick-off health fair events at their respective locations in January. At this fair, BHCC volunteers will enroll building residents in the Beat the Pack class and other appropriate resources.. The peer leaders will then be paid for the next 5 weeks to publicize the class sessions and lead the class. Each weekly class will have incentives to participate such as refreshments and raffle prizes. The volunteer medical professional will also attend each of these weekly sessions to assist in technical questions relating to resources and medication. Throughout the 6 week program, clients will receive Nurse Case Management to secure a medical home and serve as an accountability partner for resident follow-through on plans and goals such as, quit date, filling treatment requirements, stress reduction plans, completing medical visits, etc. Although there are over 20 locations with KCKHA units, we will be hosting these class cessations in 9 locations two times in the grant year (total of 18 5-week classes). KCKHA grouped similarly located family and high rise sites to efficiently use community centers and staff time. **Please see attached map of KCKHA properties and WyCo Pharmacies.**
Cessation class for KCKHA staff	Although the smoke-free housing policy is primarily aimed at the residents of the KCKHA, staff will be impacted. Therefore, we will offer a class specifically targeting KCKHA employees who are interested in quitting in January. This class is separate from resident classes so that employees feel comfortable being vulnerable and working through their own addiction triggers removed from the complex relationships between administration and resident. This class will be coordinated by the Health Department and led by a Tobacco Treatment Specialist.
Free NRT	In order to support uninsured residents, KPhA will be employing a Free NRT voucher system. The vouchers are given to residents, who redeem them at participating pharmacies or have NRT's delivered to their homes. Then KPhA will use program funds to reimburse pharmacies the cost of the voucher. At a minimum, the voucher system will include tracking numbers, a signature from Housing Authority staff and participant, and reimbursement reconciliation detail for the pharmacy and KPF. We estimate delivering 334 NRT units.
Improving cessation system	Collaborative Practice Agreements (CPAs) create formal practice relationships between pharmacists and prescribers. CPAs outline certain functions that are delegated to the pharmacist by the prescriber, which are beyond the usual pharmacist scope of practice. The main purpose of the CPA is to allow for the practice of collaborative care, thereby increasing the engagement with the patient and driving better health outcomes. In this project the CPA would allow the pharmacist to provide tobacco cessation counseling and provide insurance covered or directly reimbursed, over-the-counter, nicotine replacement therapy products (NRTs) to qualifying residents.

	We will gather local thought leaders in medical practice, pharmacy, and public health to assess how to best maximize access to NRTs for affected populations in Wyandotte. Part of this assessment will be the development of a template CPA that will allow pharmacists to prescribe NRTs to patients. The CPA will outline the process the pharmacist must use in their counseling and prescribing of the NRTs. The CPA will include suggested follow up activities, including subsequent counseling appointments where appropriate. As with any template, there will be areas for adjustment based on the prescriber/pharmacist relationship in order to allow all practitioners to be comfortable with the agreements. Once the providers have agreed to their modified CPA, it will be sent to the Board of Pharmacy for review. Throughout the negotiation and approval process, the KPhA staff will facilitate a communication plan allowing us to share best practices and lessons learned in the CPA process with all participants of the project. Within the project we will be collecting information on CPA negotiations and final products to better inform future efforts for pharmacists approaching prescribers with CPAs. Future areas of focus for pharmacist-led CPAs include areas in which pharmacist receive formal training that present opportunities for significant impact to population health outcomes such as diabetes prevention and treatment, pharmacist administered injectable medications, and wellness.
Training for Pharmacists	The project will provide continuing education for pharmacists in both live and recorded formats for the duration of the project. These educational opportunities will include training developed using the Center for Disease Control's (CDCs) *Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update* and the CDCs *Consortium for Tobacco Use Cessation Technical Assistance*, as well as other materials. These trainings will educate pharmacists on the best recommended approaches for providing tobacco cessation counseling. In addition, KPhA will provide the most recent information on cessation treatment and product utilization recommendations related to NRTs and other cessation products. Information specific to the KanCare plans on dispensing NRTs will be included. In addition to pharmacists training, we must recruit providers in WyCo into the project. The main focus of these efforts will be to bring prescribers and pharmacists together to educate them on CPAs and how they can us a CPA to define the role a community pharmacist can play in a coordinated care team, with a special focus on inclusion of the pharmacist in tobacco cessation activities.

General Communications	The UG Health Department staff will support all of these activities with communications coordination and advertising support. At the beginning of the project period, staff will bring together partners to discuss the current landscape of cessation resources and ensure mutual coordination of efforts. Midway through the project period we will assess the effectiveness of coordinating pharmacy system interventions with direct cessation class implementation and make appropriate changes to address difficulties. In addition, we will provide advertising for the cessation classes in the form of door hangers, posters, or other materials that buildings choose. The Health Department will also provide information and materials to buildings and site managers referencing cessation resources available when classes are not in session. In conjunction with the Tips from Former Smokers campaign in 2018, we will mail out advertisements of the Quitline and Medicaid benefits to all residents to sustain awareness of community resources.

Outcomes & Evaluation

KCKHA and HD are currently in the process of conducting a data collection initiative related to smoking with KCKHA residents. The survey will give us baseline data for insurance status of residents, smoking prevalence rates, and interest in obtaining resources to help quit tobacco. Our goal is to conduct a post-intervention survey in 2019 to understand changes in these indicators, one year after full policy implementation and post-cessation interventions. In addition, the BHCC staff, including a nurse project coordinator, will be using an Electronic Health Record to track the number of KCKHA residents who sign up and complete the Beat the Pack the cessation program, sustain a quit attempt, and get connected to a medical home.

The Kansas Pharmacy Association (KPhA) will request data from a number of sources to identify the baseline rates of NRT utilization for the target population. These data sources include KanCare (Kansas Medicaid Program), Kansas Quitline, Kansas Health Information Network, Lewis and Clark Information Exchange, project voucher system, and participating pharmacy Medication Therapy Management tracking systems and claims systems. Using that data as well as tracking the performance of Collaborative Practice Agreements, KPhA will then evaluate project impact on the number of NRTs reimbursed under prescription by KanCare in the WyCo area and the utilization of pharmacists to support cessation treatment.

Staffing and Capacity

The Healthy Communities Wyandotte coalition unifies the partners working on this initiative. HCW has established its ability to coordinate multi-sectoral projects across the community. For example, HCW coalition members created a Policy Committee in 2016 to coordinate advocacy issues across interest and stakeholder groups. That committee now has membership from all HCW Action Teams, elected officials, and at-large membership from stakeholder organizations and neighborhood groups. The committee successfully completed their first legislative session in 2017 with advocacy activity participation by a majority of membership.

One of the keys to the success of HCW is the backbone support provided by the **Unified Government Health Department (HD)**. Many of the HD's county-wide tobacco activities, including the TFW team, are coordinated by **Rebecca Garza**, Tobacco Free Wyandotte Coordinator in the Healthy Communities Division. Rebecca earned her Master of Science Degree in Medical Anthropology and Cross Cultural Practice from Boston University Medical

School and her Bachelor of Arts in Religious Studies from The University of California Davis. She is also a 2017 graduate of the Health Care Foundation's Healthy Communities Leadership Academy. Along with her work on the TFW Team, Rebecca coordinates the HCW Policy Committee which is tasked with creating one coherent federal, state, and local advocacy agenda. This Committee educates coalition members about statehouse activity, educates legislators on community health issues, and provides testimonies for policy at the state level. Her experience has prepared her to coordinate this Special Initiative Cessation Campaign.

The HD itself provides crucial support to HCW and therefore this grant. Approximately 2/3 of the Health Department's $8 million budget is grant-funded, and the fiscal officer has experience processing grants and holding staff accountable to deadlines and reporting requirements. Additionally, the grant will benefit from utilizing the HD's communications network. HCW and the HD will coordinate the grant and serve as a bridge between the activities of the KPhA, KCKHA and BHCC.

The Kansas Pharmacy Foundation (KPF) is a 501(c)(3), charitable, non-profit organization made up of the past presidents of the Kansas Pharmacists Association (KPhA). KPF is charged with supporting the mission of the KPhA through general support of the practice of pharmacy in Kansas as well as the provision of pharmacist and public education. As part of this project KPF and its partners will be leveraging KPhA resources in the development and communications around CPAs and NRTs. KPF and KPhA have a shared staff arrangement, allowing experience gained from prior KPhA projects to directly benefit this project.

Kansas Pharmacy Association (KPhA) was founded in 1880 and is one of the oldest statewide professional organizations of pharmacists in the country. KPhA has a long, proud history of representing pharmacists of all practice settings in Kansas. The Association is dedicated to the advancement and promotion of quality and rational public health by assuring optimal pharmacotherapy, with a focus to enabling pharmacists, students and pharmacy technicians to promote quality public health and patient care through pharmacy services.

KPhA is at the forefront of Kansas' movement to establish and promote CPAs. KPhA helped providers secure one of the broadest ranging CPA laws in the country. Over the last three years KPhA sponsored a CPA Task Force that provided technical assistance and materials for pharmacists interested in pursuing CPAs with local prescribers.

Aaron Dunkel, MPA, is the Executive Director for both KPhA and KPF. He came to KPhA and KPF in January 2017. Prior to that, he served for 10 years as the Deputy Secretary of the Kansas Department of Health and Environment (KDHE). During that time he oversaw the Division of Public Health, the Division of Health Care Finance (Medicaid), served as the state's Health Information Exchange Director, and oversaw general agency administration.

In this role he developed policy, participated in policy decisions, developed integrated data stores, managed the agency budget, negotiated KanCare managed care contracts, and acted as the lead agency liaison with the Kansas Legislature, among other responsibilities. As a result of his time with KDHE, Aaron has developed a number of strong relationships with provider groups, insurance companies, technology vendors, public health administrators, and both state and federal government personnel. Aaron will be using those relationships to gather data and bring partners together to coordinate the advancement of CPA's with WyCo providers.

Amanda Applegate, PharmD BCACP, is a Board Certified Ambulatory Care Pharmacist, with focuses on preventive health and chronic disease management. As a pharmacy practice resident with the University of Kansas and Balls Foods Stores (BFS), she re-designed the employer-provided tobacco cessation curriculum for BFS. Amanda led tobacco cessation courses using both Beat the Pack and Become an Ex based curriculum. Hired by BFS after the completion of her residency, Amanda serves as a clinical services coordinator for 21 pharmacies. Her current role includes management of BFS's Medication Therapy Management program, immunization program, and grant programs. Primary responsibilities of these roles are pharmacist education and data collection and reporting on the programs. Amanda has served on the KPhA Board of Directors since 2015, and has used that position to focus on pharmacist education with a public health focus. Amanda will lead the pharmacy education for this project along with helping to recruit local pharmacies and providers to the CPA effort.

The Black Health Care Coalition (BHCC) has served the Greater Kansas City area for nearly three decades. The organization's mission is to eliminate health disparities in the African American community through access to care, advocacy and health promotion. BHCC provides direct serves for an average of 2,700 clients annually. Services include patient navigation, biometric screenings, medical home designations and healthy lifestyles programming. BHCC is governed by a 17-member board that includes physicians, population health experts, an attorney, marketing executives, small business owners and academia.

The BHCC Program Director will provide oversight for project deliverables and serve as a liaison for program partners. The director will secure resource(s) to train resident leaders in "Beat the Pack" model and facilitate ½ day training with resident leaders. The program director is a Robert Woods Johnson Fellow, has received certifications in Family Development, Community Health Work, Youth Development and Mental Health First Aid Train the Trainer. She has a Master's in Business Administration and over 20 years of progressive experience in grass-roots community mobilizing.

The Patient Navigator is a registered nurse who will spend 13 hours per week making contact with residents. The Navigator will ensure each client attending the health fair and/or support sessions have an electronic client record. This staff will also track quit attempts, the frequency of clients' utilization of the WyCo care system and stories. This staff currently provides Nurse Case Management services for BHCC. She has nearly two decades of experience in community health. This staff also supported resident leaders in the 2016 smoking cessation project.

The Project Coordinator will provide direction and guidance for Resident Leaders, recruit volunteer medical providers and coordinate promotional health fairs. The coordinator will assist the Patient Navigator with data collection for project evaluation. This staff is a Licensed Registered Nurse and currently leads BHCC's outreach work. She currently manages over 40 medical volunteers for the organization and oversees 12 Faith Based Screening Centers in Kansas and Missouri.

Collaboration: The Roles of other Services/Organizations

Healthy Communities Wyandotte has helped bring together different partners and needs in WyCo for this cessation systems project. HCW's Tobacco Free Wyandotte Team is tasked with reducing WyCo's smoking rate and assisting partners in their efforts to do so. TFW accomplishes that by helping to facilitate community projects that cannot be done in isolation and providing backbone support through staffing, communications support, and serving as a fiscal agent on coalition projects. For the past year, HCW has worked with the KPhA, Kansas

Department of Health and Environment, and local providers in the area to investigate the low utilization of insurance cessation benefits. During this time, coalition members realized that local pharmacists were unaware of Medicaid cessation benefits, and in general, disconnected from our public health efforts to increase successful quit attempts.

Not long after, the WyCo Health Department and HCW began to assist the KCKHA in their efforts to implement a smoke-free policy. Unfortunately, the magnitude of assistance was more than HCW could support to adequately address the needs of residents. Staff believed that connecting this opportunity with Pharmacy partner's creative approaches to improving the cessation system would ultimately yield the most impactful results for WyCo as a whole.

HCW will continue to facilitate communications and coordination amongst different stakeholders in this process and evaluate the impact of these efforts for the community as whole. HCW will complement the direct service work that is being provided through the other partners listed here with the financial and in-kind support of their Chronic Disease Risk Reduction grant which can be used to support policy and environmental change.

The Kansas City Kansas Housing Authority reached out to HCW early in their smoke-free policy development process to obtain assistance and support. While KCKHA's primary goal is to ensure that residents comply with the smoke-free policy language, they do not want residents to be evicted due to their tobacco addiction. KCKHA is currently administering data collection to understand the prevalence of smoking and the insurance status across the resident population. In addition, they are providing in-kind staff support to ensure that the BHCC and HCW staffs are able to reach resident leaders and administer programs. KCKHA will also ensure that the timing and implementation of cessation programs complement their policy implementation and allow BHCC services to be administered in KCKHA owned facilities.

The Kansas Pharmacist's Association (KPhA) recognized that pharmacists are a highly underutilized provider resource that has the capacity to provide a wide array of clinical services to patients. Specifically, pharmacists are uniquely qualified to provide counselling services related to medication utilization and population health issues due to their training and ease of accessibility to the public. KPhA identified the reimbursement of counseling services and NRTs as the removal of the single biggest impediment to access for those that are interested in quitting or reducing their use of tobacco products.

Next, KPhA identified provider education on the use of CPAs and tobacco cessation specific CPA development as necessary for the project to be successful. With that in mind, they identified Amanda Applegate as a contracted resource that has extensive experience in pharmacy clinical services and CPA development and implementation. KPhA has a unique capacity to convene the stakeholders necessary to educate providers on CPAs and facilitate the execution of the CPAs.

The voucher concept, which allows for the provision of cessation counselling and NRT products to the uninsured, is necessary due to the prevalence of uninsured residents. Due to the KPhA's expertise in obtaining and managing medication, the WyCo Health Department determined that any free NRT program would more adequately be KPhA. The voucher program was determined to be the most effective way to track utilization, minimize fraudulent activity, and ensure pharmacies receive payment for services and product they provide.

The Black Health Care Coalition supported the Housing Authority of Kansas City, Missouri when they went smoke-free. The BHCC will use what they learned from that project coupled

with the unique resources in WyCo to implement the cessation therapy and nurse case management with this project. Although the on-site cessation service need was initially developed in isolation from the cessation systems portion of the project, the BHCC's focus on connecting patients to the health care systems and their delivery of NRT vouchers to participants will reinforce and test any systems changes. The BHCC invite new providers that are not yet in HCW or KPHA's network to widen the reach of our CPA and continuing education opportunities in addition to teaching residents how to make the most of their insurance benefits. The BHCC's expertise in care delivery and connecting vulnerable populations to needed resources anchors our project by connecting systems activity to direct practice with residents.

Sustainability

After this grant ends, the KCKHA's need for cessation resources will be substantially reduced. This grant coincides with the first year of smoke-free housing policy implementation. We anticipate that demand for in-person cessation resources will be reduced due to residents adapting to the behavior change, and others having successfully quit through the programming. At this point, the Health Department will use resources from other sustaining funding sources to maintain communication about cessation resources, though at a much lower level than during the project period. HCW staff will assist with training KCKHA staff, during the project period, to refer to community cessation resources such as the Kansas Quitline and the Health Department itself. We project that these resources and referrals will be utilized on an as-needed basis when managers are working through a specific situation with individual residents.

For the Collaborative Practice Agreements, we believe that the main reason this tool is not currently utilized is the lack of precedence and trust between local providers. This project does the up-front work of creating a template specific to our region's needs and having these provider's build that initial trust. We will use experiences of providers throughout the project year to champion the continuing use of CPA's into the future. Then, KPhA and new partners can sustain and expand the use of CPA's through our project's success stories and outcome data.

Cultural Competency

While the Unified Government Health Department (HD) in itself does not have a formal cultural competency policy, we strive to not only respect our communities' values, but to work toward greater diversity and serve our community equitably. HD staff, are required to live within the borders of WyCo meaning that the communities we serve are often those to which we belong. Although WyCo HD staff demographics do not completely match those of our county, we are proud to have a diverse staff with 21% identifying as African American, 17% identifying as Hispanic/Latino, 3% Asian/Pacific Islander, 1% American Indian, and 58% Caucasian.

WyCo as a whole is lucky to be one of very few in the country that boasts a majority – minority population. Unfortunately, reports show minority populations use counseling and medication less often and have lower success rates than white smokers despite more often quit attempts. We hope to reach populations that have not benefited from modern cessation therapies by employing peers to ensure that appropriate resources are reaching residents through their preferred communications networks.

Finally, the HD is currently training case workers who work with the refugee community to do individual cessation therapy that is appropriate to the specific individual who does not speak English as a first language. For Spanish speakers, we are going to work with a partner organization, Juntos, which specializes in research and health promotions with the Latino community, to deliver cessation therapy in Spanish as needed. Together, we hope that all of our residents will be able to reach the programing most beneficial to their situation and needs.

Wyandotte County (WyCo) has many unique attributes that make it a wonderful place to live, like its diversity and tight-knit communities, but it also unfortunately boasts the worst health outcomes in Kansas and numerous economic difficulties. One of the leading causes of poor health outcomes in the county is the disproportionately high adult smoking rate of 23.9% (2015 BRFSS), substantially higher than Kansas as a whole at 17.7%. Even though cessation medications greatly increase the success of cessation attempts, the population most in need of this support is often unable to obtain it and use it correctly. Roughly 18% of the WyCo population is uninsured making the up-front cost of medication unattainable. For those with insurance, such as Medicaid, cessation medications are covered with no cost to the consumer. However, a 2016 Health Affairs article estimated that only 3% of Medicaid adult smokers were using their medication benefit to quit smoking due to systemic barriers and lack of awareness of the medication benefit. Regional and local partners, including the Kansas Pharmacy Foundation (KPF), the Kansas Pharmacists Association (KPhA), Healthy Communities Wyandotte (HCW), the Kansas City Kansas Housing Authority (KCKHA) and the Black Health Care Coalition (BHCC) propose using the KCKHA's upcoming smoke-free policy change as an opportunity to provide targeted cessation support to high-need residents while testing cessation systems changes and building trust across disciplines during this time of high cessation resource utilization.

The KCKHA is committed to implementing their smoke-free policy change, which must be completed by July 2018, with compassion for residents by bringing resources and access to care into each housing site. HCW, KCKHA, and BHCC will modify and implement the Beat the Pack program for residents, which BHCC successfully utilized with the Kansas City Missouri Housing Authority to support their policy change in 2015. Resident leaders and staff at each KCKHA facility will be trained in Beat the Pack and paid a stipend to be tobacco cessation advocates. The advocates will lead 2 class sessions over the course of the first smoke-free policy implementation year.

At the same time, KPF and KPhA will work with local pharmacists and medical providers to streamline known barriers in accessing cessation benefits for WyCo residents. A priority will be streamlining the process of accessing prescriptions for nicotine replacement therapy (NRT) through collaborative practice agreements with local physicians, as a prescription is necessary to utilize existing insurance benefits for NRT. KPF and KPhA will also work to educate local pharmacies about tobacco cessation, associated products, and how pharmacies can best facilitate access to products for a quit attempt. KPhA will work with several WyCo pharmacies to either work with existing insurance benefits or stock and dispense NRT for KCKHA residents at no cost to the residents.

Combining these strategies can impact not only the smoking rates and accessibility of care in WyCo, but provide a model of cessation optimization for other similar communities around the state of Kansas.

Staff Request for Commission Action

Tracking No. 1890

Full Commission Meeting Date: 3/22/18
Committee: Administration & Human Services

Date of Standing Committee Action: 2/26/18
(If none, please explain):

Publication Required: Yes

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
02/12/2018	Crystal Sprague	x2787	csprague@wycokck.org	Municipal Court

Item Description:
An amendment to Sec. 23-13(a)(4) regarding the cost associated with late fees when a defendant fails to appear at a scheduled court date to more accurately reflect the actual cost of court processing with missed court appearances.

Action Requested:
To approve the ordinance.

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

Attachments List:
23-13 Court Costs ordinance redlined, 23-13 Court Costs ordinance final

Published_____

ORDINANCE NO. _____

An ordinance relating to Chapter 23 Municipal Court, amending Section 23-13 and repealing Section 23-13 of the Code of Ordinances for the Unified Government of Wyandotte County/Kansas City, Kansas.

BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS:

Section 1. That Chapter 23 Municipal Court, Section 23-13, of the Code of Ordinances for the Unified Government of Wyandotte County/Kansas City, Kansas, be amended to read as follows:

Sec. 23-13. - Court costs.

(a) There is established the following schedule of court costs in the municipal court:

(1) Except as provided in subsection (a)(3) of this section, a cost of $30.00 shall be assessed against each accused person who enters a plea of guilty or no contest in court to any violation of any ordinance without causing a case to be placed on the court trial docket, except where the accused person enters a plea of guilty or no contest to an offense, listed on a schedule of fines adopted by the municipal court and pays the fine without a court appearance.

(2) A cost of $40.00 shall be assessed against each accused person whose case is docketed for trial and who thereafter is found guilty.

(3) In a case where a person is charged with a violation of an ordinance or regulation concerning parking, the following costs shall be assessed against each accused person who enters a plea of guilty or no contest, whether by mail or in person, without causing the case to be placed on the trial court docket:

a. Five dollars for each violation which remains unpaid or undisposed of ten days after the date of the violation; and

b. In addition to the amount assessed pursuant to subsection (a)(3)a of this section, an additional $5.00 for each violation that remains unpaid or undisposed of 30 days after the date of the violation.

(4) ~~In addition to all other amounts, a mandatory fee of $50.00 shall be assessed for each separate failure to appear or when a person is arrested pursuant to a warrant for failure to appear, failure to pay a fine, or the violation of any other order of the court or condition of release.~~ If an accused person fails to appear at a scheduled court appearance:

a. A mandatory fee of $5.00 shall be assessed for each separate failure to appear at a scheduled court date. If multiple charges are included on one citation, each charge will be assessed a $5.00 fee.

b. A mandatory fee of $50.00 shall be assessed when a person is arrested or issued a citation pursuant to a warrant for failure to appear or any other order of the court or condition of release.

(5) Additional court costs may be assessed by the municipal court judge and may include but are not limited to fees for service of process, witness fees, fees for transcripts and depositions, fees for examination and evaluation, probation fees, incarceration costs, community service fees, costs of court appointed counsel, expungement fees, and fees for expenses incurred in serving a warrant.

(6) In addition to all other amounts assessed as costs or fines, in each case filed in municipal court charging a crime other than a nonmoving traffic violation, where there is a finding of guilty or a plea of guilty, a plea of no contest, forfeiture of bond or a diversion, a sum shall be assessed in the amount required to be remitted to the State of Kansas pursuant to K.S.A. 12-4117 and amendments thereto. For the purpose of determining the amount to be assessed according to this subsection, if more than one complaint is filed in the municipal court against one individual arising out of the same incident, all such complaints shall be considered as one case.

(b) Such costs shall be assessed as part of the judgment and shall be collected by the administrator of the municipal court.

(c) In no case shall the unified government be liable for any costs assessed in the municipal court.

(d) The costs assessed pursuant to this section shall be in addition to the fine itself.

Section 3. That said original Section 23-13 of the Code of Ordinances for the Unified Government of Wyandotte County/Kansas City, Kansas are hereby repealed.

Section 4. This ordinance shall take effect and be in full force from and after its passage, approval, and publication in the official Unified Government newspaper.

PASSED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS,

THIS _____ DAY OF _____, 2018.

David Alvey/Mayor CEO

Attest:

Unified Government Clerk

Approved As To Form:

Unified Government Counsel

Published_____

ORDINANCE NO. _____

An ordinance relating to Chapter 23 Municipal Court, amending Section 23-13 and repealing Section 23-13 of the Code of Ordinances for the Unified Government of Wyandotte County/Kansas City, Kansas.

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(2) A cost of $40.00 shall be assessed against each accused person whose case is docketed for trial and who thereafter is found guilty.

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Section 3. That said original Section 23-13 of the Code of Ordinances for the Unified Government of Wyandotte County/Kansas City, Kansas are hereby repealed.

Section 4. This ordinance shall take effect and be in full force from and after its passage, approval, and publication in the official Unified Government newspaper.

PASSED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS,

THIS _____ DAY OF _____, 2018.

_____

David Alvey/Mayor CEO

Attest:

_____

Unified Government Clerk

Approved As To Form:

_____

Unified Government Counsel

Staff Request for Commission Action

Tracking No. 1896

Full Commission Meeting Date:
Committee: Administration & Human Services

Date of Standing Committee Action: 02/26/18
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
02/14/2018	Jon Stephens, Wilba Miller	x5749, x5112	jstephens@wycokck.org, wmiller@wycokck.org	Community Corrections

Item Description:
Opportunity Zones are a new community development program established by Congress in the Tax Cuts and Jobs Act of 2017 to encourage long-term investments in low-income urban and rural communities nationwide. The Opportunity Zones program provides a tax incentive for investors to re-invest their unrealized capital gains into Opportunity funds that are dedicated to investing into Opportunity Zones. The Governor of the State of Kansas (as with each Chief Executive of their state/territory) are the formal submitting agent.

A copy of the Opportunity Zone webinar slides and the Opportunity Zones Preliminary Map (which is the same as the New Market Tax Credit map) are attached.

Action Requested:
Authorize County Administrator to work with the state of Kansas to designate qualified areas of Wyandotte County as Opportunity Zones

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

Attachments List:
Opportunity Zone Webinar Slides, Opportunity Zone Preliminary Map

Opportunity Zones Program

An Early Overview of Program Details and What's Ahead

February 7, 2018

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Agenda

- **Program Overview**
  - Background
  - Opportunity Funds
  - Opportunity Zones
  - Types of Investment
  - Tax Incentives for Investors
- **Steps Toward Implementation**
  - Rulemaking Process to Finalize the Law
  - Designating Opportunity Zones
  - Guidance on Certifying Opportunity Funds
- **State Mapping Tools**
  - Opportunity Zones: Census Tract Eligibility
  - Demonstration
- **Additional Resources**

Rachel Reilly Carroll - Creative Capital • Olivia Barrow - Public Policy • Zack Patton - Opportunity 360

Enterprise

Background

- Originally introduced in the Investing in Opportunity Act
  - Bipartisan public policy organization, Economic Innovation Group, developed the Opportunity Zones concept in 2015
  - Introduced in the 114th and 115th Congress
    - Senators Tim Scott and Cory Booker, Congressmen Pat Tiberi and Ron Kind
- Enacted as part of 2017 tax reform
  - Tax Cuts and Jobs Act
- Designed to promote economic recovery by driving long-term investment capital to rural and low-income urban communities throughout the nation
- Uses tax incentives to encourage private investment in impact funds that connect investors with community investing opportunities.

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Opportunity Funds

- New class of investment vehicle authorized to aggregate and deploy private investment to support Opportunity Zone Property located in Opportunity Zones.
  - Certified by Treasury
  - Optimized for flexibility
- Tap $2+ trillion in unrealized capital gains
  - Alternative to ~23.8% capital gains tax
  - Solution for investors who lack the information and ability to execute investments in rural and low-income urban communities
  - Pooling capital through a fund structure lowers barrier to community investing
  - Responsive to market demand
- Fund Managers
  - Private entities
    - Community Development Financial Institutions, asset managers, etc.
  - Potentially government and quasi-government entities

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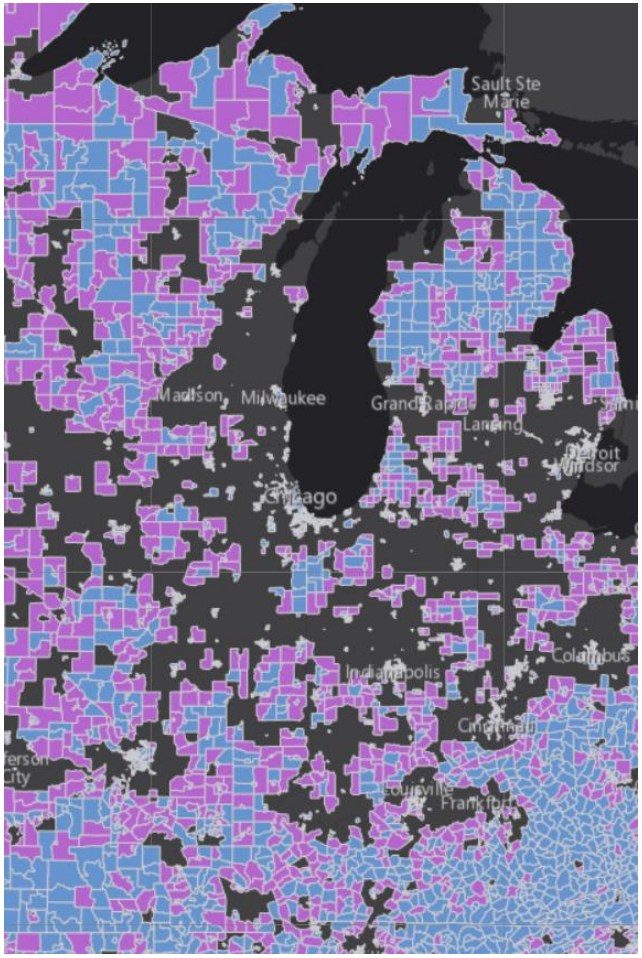
Opportunity Zones



- Census tract designated to receive private investment through Opportunity Funds
  - 10-year designation
- Governors authorized to offer recommendations for Zone designations (March 21, 2018)
  - Missouri has issued RFP
  - No guidance on what happens if governors do not submit recommendations
- Strategic, informed decision-making is key

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Types of Investment

- Opportunity Funds are authorized to invest in Opportunity Zone Property:
  - Stock in a domestic corporation
  - Capital or profits interest in a domestic partnership
  - Tangible property used in a trade or business of the Opportunity Fund that substantially improves the property
- Fund Flexibility
  - Multiple investments across asset classes and geographies, or singular investment.
- Type of Capital
  - Equity
  - Market will determine preferred return and risk tolerance, as well as where capital is invested and which asset types are supported.

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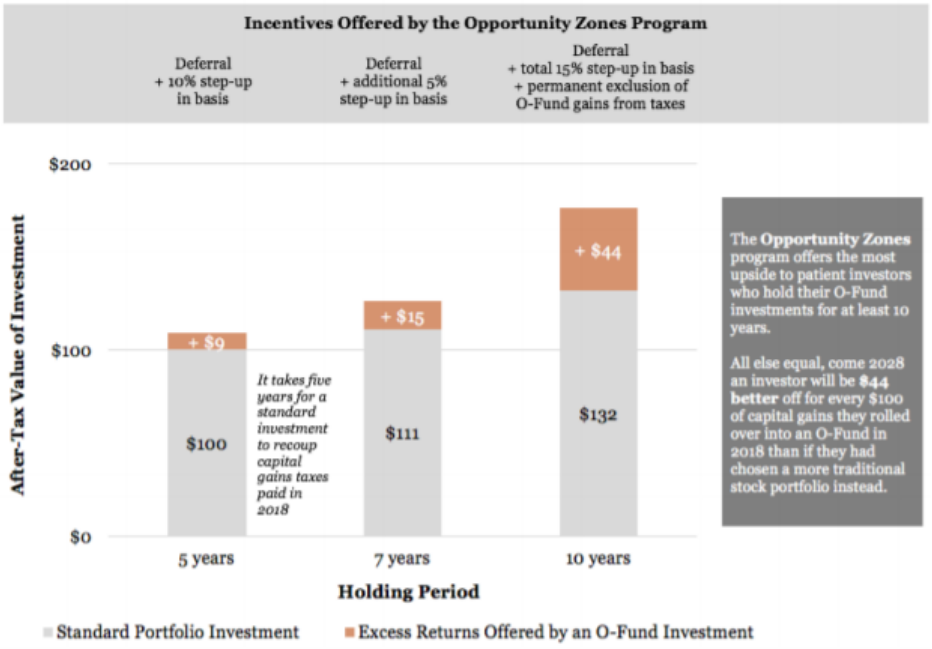
Tax Incentives for Investors

Figure 1. Investing in an Opportunity Fund vs. a Standard Stock Portfolio
Scenario: A Capital Gain of $100 is Reinvested in 2018



** Note: Assumes long-term federal capital gains tax rate of 23.8%, no state income tax, and annual appreciation of 7% for both the O-Fund and alternative investment.*

[The Tax Benefits of Investing in Opportunity Zones]

- U.S. investors are eligible to receive tiered tax benefits associated with capital gains reinvested in Opportunity Funds.
- Temporary tax deferral
  - Recognized at exit or 12/31/2026
  - Whichever comes first
- Step-up in basis
  - 5-year min. = Increased by 10%
  - 7-year min. = Increased by 15%
- Gains accrued on investment in Opportunity Fund permanently excluded from taxable income
  - 10-year minimum

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Implementation: Finalizing the Law

- Treasury must follow formal administrative procedures to finalize the rule.
- Anticipated process:
  - Treasury will propose a structure for implementing the new rule.
  - Treasury will issue a notice of proposed rulemaking and will request public comments on the proposal.
  - Stakeholders will provide comments and recommendations for structuring the program.
  - Treasury will review the comments and issue a final rule that formalizes the program.
- The timeline for finalizing the rule is not clear.

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Implementation: Designating Opportunity Zones

- Governors must submit Opportunity Zone nominations to Treasury by March 21, 2018.
  - Treasury has not yet provided guidance on submitting nominations.
- Treasury must approve or provide feedback within 30 days of the governor's submission.
- Both governors and Treasury can request a 30-day extension.

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Implementation: Certifying Opportunity Funds

- Treasury will certify Opportunity Funds.
  - Existing Community Development Entities may provide the structure for certifying Opportunity Funds.
- The statute outlines two requirements of the Opportunity Funds:
  1. Must be organized as a corporation or a partnership, and
  2. Must invest a minimum of 90% of assets in Opportunity Zones.
- It is unclear whether additional qualifications will be considered.

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Opportunity Zones: Census Tract Eligibility

- Low-Income Communities
  - Section 45D(e) - New Market Tax Credit program
  - Poverty Rate
  - Median Family Income Comparison
    - Metropolitan Area?
    - High Migration Rural County?

- Tracts Contiguous to Low-Income Communities
  - Contiguity
  - Median Family Income Comparison

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Opportunity Zones: Census Tract Eligibility

- Each state can designate up to 25% of eligible census tracts
  - Based on Low-Income Community definition

- Exemption: Up to 5% of the tracts designated could be contiguous instead of Low-Income Community tracts

Example:

- A state has 400 Low-Income Community tracts
- This state can designate up to 100 Opportunity Zones
- As many as 5 of these could be eligible due to contiguity; the other 95 would have to be Low-Income Community tracts

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Opportunity Zones: Census Tract Eligibility

- Of the ~74,000 census tracts nationwide:
  - Nearly 32,000 Low-Income Community tracts
  - An additional 9,700 are eligible contiguous tracts

- Applying 25% Cap
  - Nearly 8,100 tracts could be designated as Opportunity Zones
  - About 11% of all census tracts nationwide

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Opportunity Zones: Technical Notes on Eligibility

- Recommend using 2011-2015 American Community Survey data
  - Can be downloaded from the CDFI Fund's website
  - Unknown if Treasury will accept 2012-2016 ACS data
- Possible for contiguity to occur across state lines
  - States would need to coordinate
- Contiguity determined using Rook's case

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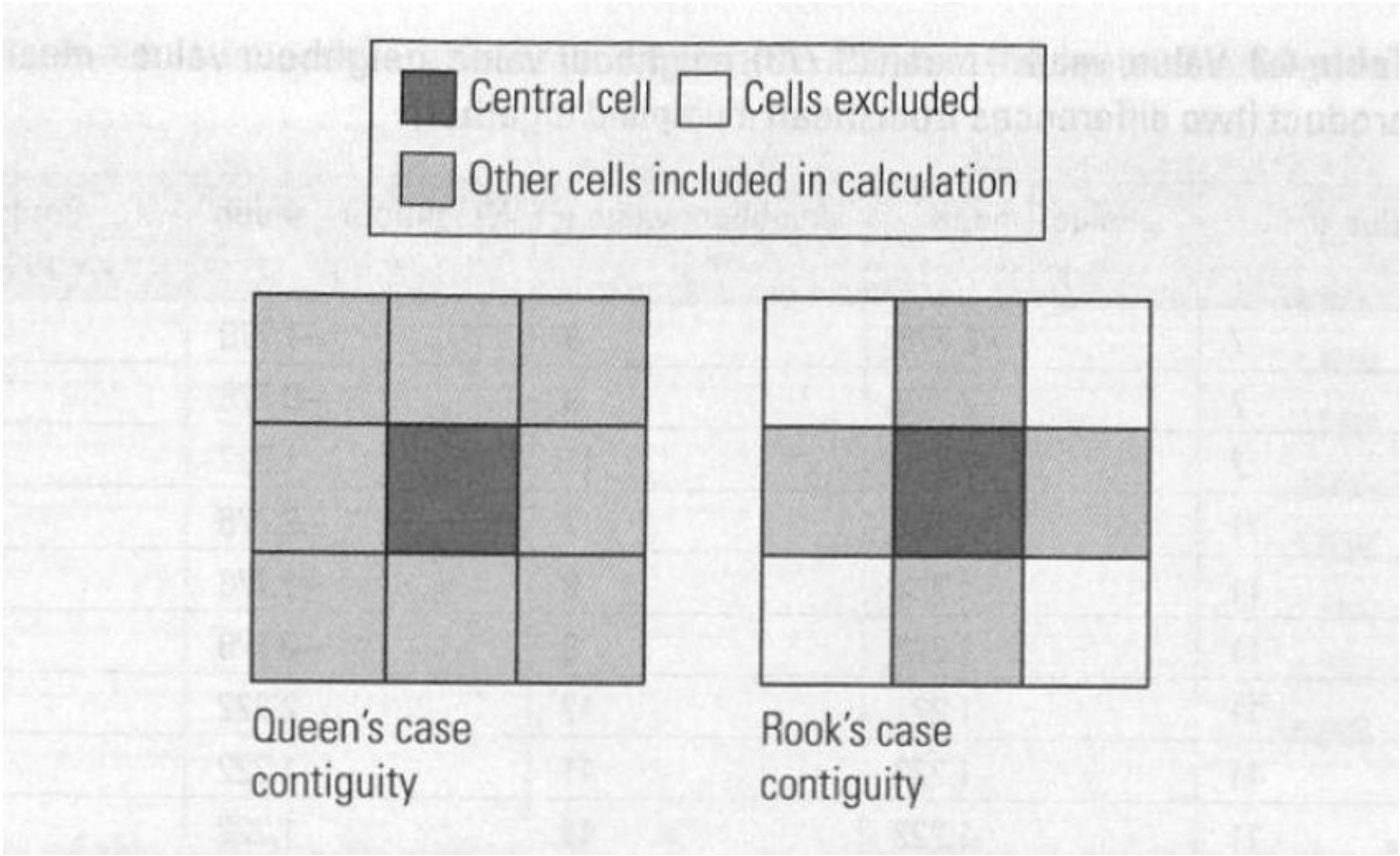
Opportunity Zones: Technical Notes on Eligibility



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Additional Resources

- Enterprise Community Partners
  - Opportunity Zones Program Landing Page
  - Enterprise Blogs on the Opportunity Zones Program
- Economic Innovation Group
  - Opportunity Zones Program Landing Page
  - The Tax Benefits of Investing in Opportunity Zones
  - Guidance for Governors
- Missouri Department of Economic Development
  - Opportunity Zones Program Landing Page with Opportunity Zone Designation RFP
- National Governors Association
  - Staff Directories & Contact Information
- National Development Council
  - Unpacking the Investing in Opportunities Act webinar
- Novogradac & Company
  - Opportunity Zones Program Resource Center
- Senator Tim Scott
  - Video message

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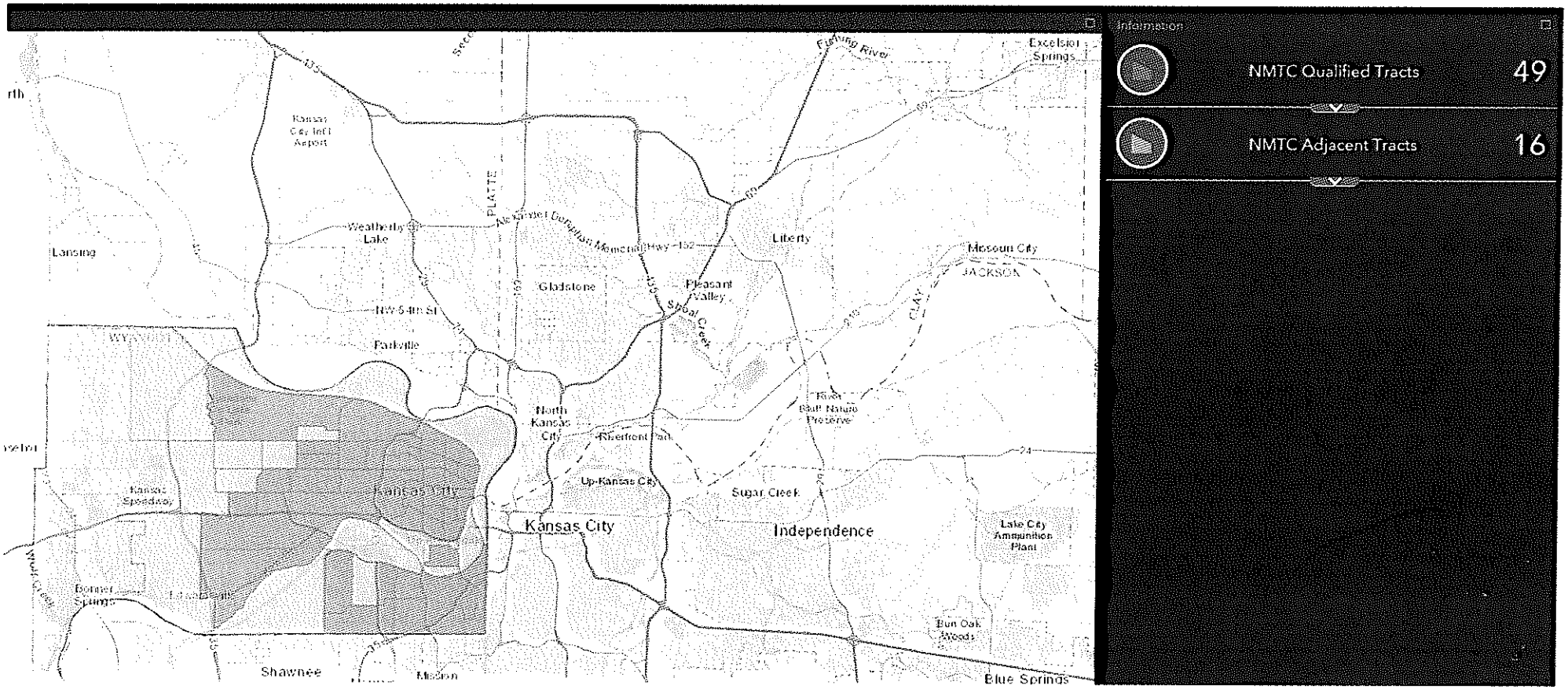
Thank You!

OPPORTUNITY 360

Enterprise®

Opportunity Zones



Staff Request for Commission Action

Tracking No. 1891

Full Commission Meeting Date: 3/1/18
Committee: Administration & Human Services

Date of Standing Committee Action: 2/26/18
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
02/13/2018	Robin H. Richardson	x5774	rrichardson@wycokck.org	Urban Planning & Land Use

Item Description:
Bikewalk KC operates a regional bike share system in the metropolitan area. The Rosedale Master Plan and additional planning work includes expanding the bike share system into Kansas City, Kansas. This item is to discuss strategies and specific grant opportunities to expand the bike share system into Kansas City, Kansas.

Action Requested:
Fast track to the 3/1/18 full commission meeting

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

Attachments List:

Staff Request for Commission Action

Tracking No. 18101

Full Commission Meeting Date: 3/1/18
Committee: Administration & Human Services

Date of Standing Committee Action: 2/26/18
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
02/16/2018	Robin H. Richardson	x5774	rrichardson@wycokck.org	Urban Planning & Land Use

Item Description:

Federal Funding for Sidewalk and Trails Master Plan Implementation
Authorize staff to apply for federal funding to construct new sidewalks using the sidewalk and trails master plan implementation line item in 2018 budget as a 20% local match.

MARC is currently accepting project proposals for Congestion Mitigation/Air Quality (CMAQ), Surface Transportation Block Grant Program (STP), and TA Set-aside projects. Eligible project types include:

Active transportation, including bicycle and pedestrian infrastructure

Alternative fuel and diesel retrofit strategies to improve regional air quality

Public transportation

Outreach strategies to improve regional air quality

Roadway and bridge capacity, management, operations, preservation and traffic flow

Transportation safety

Action Requested:
Fast track to the March 1, 2017 full commission meeting

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

Attachments List:

Staff Request for Commission Action

Tracking No. 1872

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

Date of Standing Committee Action: 2/26/18
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
01/24/2018				Finance

Item Description:
A presentation on the Parks & Recreation Cost of Services and User Fee Study conducted by Bret Schyler of MGT Consulting Group, LLC.

Action Requested:
No action required.

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

Attachments List: