



**APPROPRIATION TRANSACTION
CITY OF KANSAS CITY, MISSOURI**

DEPARTMENT: **Health Department**

BUSINESS UNIT: KCMBU **DATE:** 1/4/2026 **JOURNAL ID:** _____

LEDGER GROUP: **ADMIN** BUDGET PERIOD: **2026**

TOTAL 300,000.00

DESCRIPTION:

Accepting and Approving a \$300,000 award from the Health Forward Foundation for the continuation of the Nurse-Family Partnership (NFP) program at the Kansas City, Missouri Health Department; estimating and appropriating \$300,000.00 in the Health Grants Fund; designating requisitioning authority; and recognizing this ordinance as having an accelerated effective date.

APPROVED BY:

DATE

APPROVED BY: DEPARTMENT HEAD

DATE

Dana Diec

1/6/2026



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: Health Department

KCMBU **DATE:** 1/4/2026 **JOURNAL ID:**

LEDGER GROUP: **REVENUE** BUDGET PERIOD **2026**

DATE: 1/4/2026

JOURNAL ID:

LEDGER GROUP: REVENUE BUDGET PERIOD 2026

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