



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health Department**

BUSINESS UNIT: **KCMBU**

DATE: **1/4/2026**

JOURNAL ID: _____

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

	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCOUNT</u>	<u>PROJECT</u>	<u>AMOUNT</u>
26	2480	500001	479885	G50PROMISE	\$28,235.00

TOTAL 28,235.00

DESCRIPTION:

Accepting and approving a one year grant award from Nurture KC to receive capacity grant funding to support the Nurse-Family Partnership home visiting program, appropriating and estimating revenue in the amount of \$28,235.00, 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



JOURNAL ID:

TOTAL	28,235.00
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Dana Diec 1/6/2026