



REQUEST FOR SUPPLEMENTAL REVENUE

CITY OF KANSAS CITY, MISSOURI

DEPARTMENT: **Health Department**

BUSINESS UNIT: **KCMBU** DATE: **8/26/2025** 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	471980	G50542227	\$83,850.00

TOTAL

DESCRIPTION:

Accepting and approving a one year \$83,850.00 grant award with Missouri Department of Health and Senior Services for Perinatal Hepatitis B case management and surveillance activities; estimating and appropriating the sum of \$83,850.00 in the Health Grants Fund; designating requisitioning authority; and recognizing this ordinance as having an accelerated effective date

APPROVED BY: _____ DATE **9/3/2025** APPROVED BY: DEPARTMENT HEAD _____
Dana Diec

83,850.00

DATE



JOURNAL ID:

BUDGET PERIOD: 2026

9/3/2025