

GENERAL
Ordinance Fact Sheet

150604

Ordinance Number

Brief Title	Approval Deadline
Amendment to Resolution 150141	

Details

Reason for Legislation

Amending Resolution 150141 expressing Council's intent to recognize outside entities advising women-owned businesses seeking Kansas City Missouri's Women Business Enterprise (WBE) eligibility, but not desiring to have those entities actually certify woman-owned businesses in the City's Minority Women Disadvantaged Business Enterprise (MWDDBE) program.

The City's Human Relations Department in partnership with the Central Exchange and Midwest Womens Business Enterprise Council (MWBEC) have been working to establish a method to assist women-owned businesses to better understand the certification process , thereby eliminating discrepancies that could potentially lead to a denial of their KCMO WBE certification application.

Women owned businesses have grown to become the largest ethnicity group in the KCMO MWDDBE Directory and therefore it's prudent to develop working relationships with organizations that foster women businesses growth and development.

HRD, Central Exchange, MWBEC, along with the Minority Contractors Association, Women Construction Owners & Executives, Minority Coalition and Hispanic Contractors worked in partnership to develop a framework to facilitate a resolutuon expressing the intent of the minority organizations support of women-owned business development. These collaborative efforts led to the revisions to Resolutuon 150141.

Discussion (explain all financial aspects of the proposed legislation, including future implications, any direct/indirect costs, specific account numbers, ordinance references, and budget page numbers.)

The Amendment to Resolution 150141 does not have a financial impact on the City's Human Realtions Department's budget. Any costs incurred by beneficiaries of this resolution are imposed by private entities outside of the City's authority.

Positions/Recommendations

Sponsor	Councilwoman Jan Marcason
Programs, Departments, or Groups Affected	Human Relations
Applicants / Proponents	<p>Applicant</p> <p>City Department Human Relations</p> <p>Other Central Exchange and Midwest Womens Business Enterprise Council</p>
Opponents	<p>Groups or Individuals None Known</p> <p>Basis of opposition</p>
Staff Recommendation	<p><input checked="" type="checkbox"/> For</p> <p><input type="checkbox"/> Against</p> <p>Reason Against</p>
Board or Commission Recommendation	<p>By</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken</p> <p><input type="checkbox"/> For, with revisions or conditions (see details column for conditions)</p>
Council Committee Actions	<p><input type="checkbox"/> Do pass</p> <p><input type="checkbox"/> Do pass (as amended)</p> <p><input type="checkbox"/> Committee Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not pass</p>

(Continued on reverse side)

Details

Policy/Program Impact

Grant Number:	Policy or Program Change	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Operational Impact Assessment	
	Finances	
	Cost & Revenue Projections -- Including Indirect Costs	
	Financial Impact	
	Fund Source (s) and Appropriation Account Codes	
(Use this space for further discussion, if necessary)		

Applicable Dates:

Fact Sheet Prepared by:

Tracey C. Bradford
Administrative Officer

Date July 20, 2015

Reviewed by:

Phillip Yelder
Director

Date July 20, 2015

Reference Numbers

CONTRACT



Ordinance Fact Sheet

Construction/Misc. Form

Brief Title	Approval Deadline	Reason
_____	_____	To authorize execution of _____ contract.
_____	_____	_____

Details

Reason for Contract
 Note: Same information as ordinance title.

Discussion (explain all financial aspects of the proposed legislation, including future implications, any direct/indirect costs, specific account numbers, ordinance references, and budget page numbers.)

Project Justification

Project Description
 The contract will

Solicitation
 This Project was advertised for five (5) consecutive business days in the Daily record beginning _____, 1997 through _____, 1997 and notices were distributed to _____ () potential contractors and information service agencies, including Minority and Women’s Business Enterprises(MBE/WBE). Plans and specification were procured by _____ () contractors and agencies. ____ () bids were received and opened _____, 1997.

Roles and Responsibilities

Sponsor	Department
Department or Programs Affected	Department
Recommended Awardee	Company
Contract Compliance Certification Obtained?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Opponents	Groups or Individuals Reason for Opposition
Responsibilities	Design Engineering: Inspections: Construction or Project Management: Service Monitoring:

Policy/Program Impact

Policy or Program Emphasis Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operational Impact Assessment	

(Continued on reverse side)

Details

Human Relations Approval

MBE/WBE subcontracting plan was approved by the Human Relations Department on _____, 1997. Docket memo attached.

Grant Funding

This contract is part of the _____ Grant Program which cover ___ % of eligible costs. The remaining ___ % will be funded by _____ Funds.

Youth Employment Program

A quarter of percent (0.25%) of this contract has been contributed to the Youth Employment Program.

1% for Art

One percent of this contract has been contributed to the 1% for Art Program.

Is it good for the children?

Fairness in Construction Board

There is no appeal on this contract pending before the Fairness in Construction Board.

OR

_____ Company has an appeal pending before the Board at this time.

Estimated Duration of Contract:

Fact Sheet Prepared by:

Date:

Name
Title

Reviewed by:

Date:

Name
Title

Reference Numbers:

Finances

City's Estimate of Cost		\$
Bid or Proposal Data	<i>Lowest Contract Cost Submitted</i>	\$
	<i>No. of Proposals Considered</i>	
	<i>Reason for rejecting lowest contract cost submitted</i>	
Other Bidders or Contractors Considered		Contract Costs Submitted
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	\$	
	\$	
Fund Sources and Appropriation Account Codes For This Contract	19__ Budget, Page ____ Unbudgeted, Appropriation _____ Fund	
	00-000-00-0000-A0000	
Source of Future Operating Funds		
Maximum Amount of Proposed Contract		\$
Amount of Contingency		\$
Engineering & Administration		\$
TOTAL		\$

Council Committee Actions

Do Pass	<input type="checkbox"/>	<input type="checkbox"/>	Hold
Do Pass (as amended)	<input type="checkbox"/>	<input type="checkbox"/>	W/o Recommendation
Committee Sub.	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Pass

CONTRACT

Ordinance Fact Sheet

A-E/Negotiated Form



Brief Title	Approval Deadline	Reason
		To authorize execution of _____ agreement.

Details

Reason for Contract
 Note: Same information as ordinance title.

Discussion (explain all financial aspects of the proposed legislation, including future implications, any direct/indirect costs, specific account numbers, ordinance references, and budget page numbers.)

Project Justification

Project Description

The agreement will

Solicitation

This Project was advertised for five (5) consecutive business days in the Daily record beginning _____, 1997 through _____, 1997 and notices were distributed to _____ () potential contractors and information service agencies, including Minority and Women's Business Enterprises (MBE/WBE). RFP/RFQ's packets were procured by _____ () contractors and agencies. _____ () proposals were received _____, 1997.

Roles and Responsibilities

Sponsor	Department
Department or Programs Affected	Department
Recommended Awardee	Company
Contract Compliance Certification Obtained?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Opponents	Groups or Individuals Reason for Opposition
Responsibilities	Design Engineering: Inspections: Construction or Project Management: Service Monitoring:

Policy/Program Impact

Policy or Program Emphasis Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operational Impact Assessment	

Details

Consultant Selection

Human Relations Approval
 MBE/WBE subconsulting plan was approved by the Human Relations Department on _____, 1997. Docket memo attached.

Grant Funding
 This contract is part of the _____ Grant Program which cover ___ % of eligible costs, The remaining ___ % will be funded by _____ Funds.

Is it good for the children?

Estimated Duration of Contract:

Fact Sheet Prepared by:
 Name
 Title

Date:

Reviewed by:
 Name
 Title

Date:

Reference Numbers:

Finances

City's Estimate of Cost	\$
Bid or Proposal Data	<i>Lowest Contract</i> <i>Cost Submitted</i> \$ NA FOR <i>No. of Proposals Considered</i> A-E <i>Reason for rejecting lowest contract cost submitted</i>
Other Bidders or Contractors Considered	Contract Costs Submitted \$ NA FOR \$ A-E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Fund Sources and Appropriation Account Codes For This Contract	19__ Budget, Page ____ Unbudgeted, Appropriation _____ Fund 00-000-00-0000-A0000
Source of Future Operating Funds	
Maximum Amount of Proposed Contract	\$
Amount of Contingency	\$
Engineering & Administration	\$
TOTAL	\$

Council Committee Actions

Do Pass	<input type="checkbox"/>	<input type="checkbox"/> Hold
Do Pass (as amended)	<input type="checkbox"/>	<input type="checkbox"/> W/o Recommendation
Committee Sub.	<input type="checkbox"/>	<input type="checkbox"/> Do Not Pass

CONTRACT



Ordinance Fact Sheet

Amendment Form

Brief Title	Approval Deadline	Reason
		To authorize execution of _____ agreement.

Details

Reason for Contract

Note: Same information as ordinance title.

Discussion (explain all financial aspects of the proposed legislation, including future implications, any direct/indirect costs, specific account numbers, ordinance references, and budget page numbers.)

Project Justification

Project Description

The agreement will

Solicitation

This Project was advertised for five (5) consecutive business days in the Daily record beginning _____, 1997 through _____, 1997 and notices were distributed to _____ () potential contractors and information service agencies, including Minority and Women's Business Enterprises (MBE/WBE). RFP/RFQ's packets were procured by _____ () contractors and agencies. _____ () proposals were received _____, 1997.

Roles and Responsibilities

Sponsor	Department
Department or Programs Affected	Department
Recommended Awardee	Company
Contract Compliance Certification Obtained?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Opponents	Groups or Individuals Reason for Opposition
Responsibilities	Design Engineering: Inspections: Construction or Project Management: Service Monitoring:

Policy/Program Impact

Policy or Program Emphasis Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operational Impact Assessment	

Details

Selection

Human Relations Approval
 MBE/WBE subconsulting plan was approved by the Human Relations Department on _____, 1997. Docket memo attached.

Grant Funding
 This contract is part of the _____ Grant Program which cover ___ % of eligible costs, The remaining ___ % will be funded by _____ Funds.

Is it good for the children?

Estimated Duration of Contract:

Fact Sheet Prepared by:
 Name
 Title

Date:

Reviewed by:
 Name
 Title

Date:

Reference Numbers:

Finances

City's Estimate of Cost	\$																																														
Bid or Proposal Data	<i>Lowest Contract Cost Submitted</i> \$ NA FOR AMENDMENT <i>No. of Proposals Considered</i> <i>Reason for rejecting lowest contract cost submitted</i>																																														
Other Bidders or Contractors Considered	<table border="1"> <thead> <tr> <th colspan="2">Contract Costs Submitted</th> </tr> </thead> <tbody> <tr><td>\$</td><td>NA FOR AMENDMENT</td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> </tbody> </table>	Contract Costs Submitted		\$	NA FOR AMENDMENT	\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$	
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Fund Sources and Appropriation Account Codes For This Contract	19__ Budget, Page ____ Unbudgeted, Appropriation ____ Fund 00-000-00-0000-A0000																																														
Source of Future Operating Funds																																															
Maximum Amount of Proposed AMENDMENT	\$																																														
Amount of Contingency	\$																																														
Engineering & Administration	\$																																														
TOTAL	\$																																														

Council Committee Actions

Do Pass	<input type="checkbox"/>	<input type="checkbox"/> Hold
Do Pass (as amended)	<input type="checkbox"/>	<input type="checkbox"/> W/o Recommendation
Committee Sub.	<input type="checkbox"/>	<input type="checkbox"/> Do Not Pass

BUDGET ADJUSTMENT

Ordinance Fact Sheet

Ordinance Number

Brief Title

Approval Deadline

Reason

Details

Reason for Adjustment

Discussion (explain all financial aspects of the proposed legislation, including future implications, any direct/indirect costs, specific account numbers, ordinance references, and budget page numbers.)

Department, Program, or Accounts Affected

Sponsor

From/Transferor(s) or Fund Title(s)

To/Transferee(s) or Fund Title(s)

Policy / Program Impact

**Policy or Program
Emphasis Change**

No Yes

**Operational
Impact
Assessment**

Council Committee Actions

Do Pass Hold
 Do Pass (as amended) w/o Recommendation
 Committee Sub. Do Not Pass

Fact Sheet prepared by: _____ **Date** _____

Fact Sheet reviewed by: _____ **Date** _____

Reference Numbers