



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

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

[illegible]

TOTAL	300,000.00
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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

BUSINESS UNIT: **KCMBU**

DATE: 1/4/2026

JOURNAL ID: _____

LEDGER GROUP: **REVENUE** BUDGET PERIO **2026**

[illegible]

DESCRIPTION:

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DATE _____

Dana Diec

1/6/2026