



JOURNAL ID:

BUDGET PERIOD: 2026

TOTAL	<u>300,000.00</u>
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DATE _____

Dana Diec	1/6/2026
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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	479977	G50583926	\$300,000.00

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