

OIG Financial Progress Report

Program Name: Coronavirus Relief Fund

Grantee Name: JACKSON COUNTY

Report Name: OIG Financial Progress Report

Report Period: 10/01/2021 to 12/31/2021

Report Status: Submitted

Report Sections

1. *Prime*
2. *Projects*
3. *Sub-Recipient Organizations*
4. *Contracts >=\$50,000*
5. *Grants >=\$50,000*
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7. *Transfers >=\$50,000*
8. *Direct >=\$50,000*
9. *Aggregate Awards of <\$50,000*
10. *Aggregate Payments to Individuals*
11. *Totals*

Prime

U.S. DEPARTMENT OF THE TREASURY		
Office of Inspector General (OIG)		
Pandemic Response Accountability Committee (PRAC)		
Financial Progress Report (FPR)		
Prime		
1	DUNS Number*	073134868
2	Legal Entity Name *	JACKSON COUNTY
3	Address Line 1 *	415 E 12TH ST
4	Address Line 2	
5	Address Line 3	
6	City Name *	KANSAS CITY
7	State Code *	MO
8	Zip+4 *	64106-2706
11	Country Name *	United States
10	Country Code *	USA
9	Congressional District *	05
12	Recipient Type*	Special District Government, County Government
13	CFDA Number *	21.019
14	Total Coronavirus Relief Funds Received*	\$122,669,998.30
15	Point of Contact Name *	Caleb Clifford
16	Point of Contact Title *	Chief of Staff
17	Point of Contact Email *	cclifford@jacksongov.org
18	Point of Contact Phone *	(816) 588-7941

Projects

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Projects			
19 A	19 B	19 C	19 D
Project Name*	Project Identification Number*	Description*	Status*
COVID-19 TESTING	TESTING	COVID-19 TESTING	Completed 50% or more
HOUSING SUPPORT	HOUSING1	HOUSING	Completed 50% or more
PERSONAL PROTECTIVE EQ	PPE1	PERSONAL PROTECTIVE EQUIPMENT	Completed 50% or more
MEDICAL EXPENSES	MEDEXP1	MEDICAL EXPENSES	Completed 50% or more
PUBLIC HEALTH EXPENSES	PUBHLT1	PUBLIC HEALTH EXPENSES	Completed 50% or more
TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	TELWORK1	IMPROVE TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	Completed 50% or more
PAYROLL FOR PUBLIC HEALTH AND SAFETY EMPLOYEES	PAYROLLPUBLIC HEALTH AND SAFETY EMPLOYEES	PAYROLL FOR PUBLIC HEALTH AND SAFETY EMPLOYEES	Completed 50% or more
ADMINISTRATIVE EXPENSE	ADMINEXP	ADMINISTRATIVE EXPENSE	Completed 50% or more
PUBLIC HEALTH BUILDING MODIFICATIONS	PUBLIC HEALTH BUILDING	PUBLIC HEALTH BUILDING/MODIFICATIONS	Completed 50% or more
SMALL BUSINESS ASSISTANCE	SMALLBUS	SMALL BUSINESS ASSISTANCE	Completed 50% or more
FACILITATING DISTANCE LEARNING	FACDISTLEARNING	FACILITATING DISTANCE LEARNING	Completed 50% or more
UNEMPLOYMENT BENEFITS	UNEMPBEN	UNEMPLOYMENT BENEFITS	Completed 50% or more
BUDGETED PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	BUDPERSER DIVERTED	BUDGETED PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	Completed 50% or more
FOOD PROGRAMS	FOODPROGRAM	FOOD PROGRAMS	Completed 50% or more
ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	ECONSUPPORT OTHER	ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	Completed 50% or more
WORKERS COMPENSATION	WORKCOMP	WORKERS COMPENSATION	Completed 50% or more

Sub-Recipient Organizations

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Sub-Recipient Organizations			
DUNS/Identification Number	Name	Status	
073067407	TRUMAN MEDICAL CENTER, INCORPORATED	Saved -- Validated	Go to Sub Screen
007445547	ALMAR PRINTING INC	Saved -- Validated	Go to Sub Screen
827135518	BENILDE HALL INC	Saved -- Validated	Go to Sub Screen
791201523	BURTIN & ASSOCIATES, INC	Saved -- Validated	Go to Sub Screen
122806699	C3MD, INC.	Saved -- Validated	Go to Sub Screen
164340168	CHILD ABUSE PREVENTION ASSOCIATION, INC.	Saved -- Validated	Go to Sub Screen
117495489	FRONTLINE GROUP LLC	Saved -- Validated	Go to Sub Screen
117503863	GUARDIAN CONTROLS INC.	Saved -- Validated	Go to Sub Screen
184037658	HEALING HOUSE, INC.	Saved -- Validated	Go to Sub Screen
148630788	HOMELESS SERVICES COALITION OF GREATER KANSAS CITY	Saved -- Validated	Go to Sub Screen
029845096	INDEX STORE FIXTURES, DBA INDEX RESTURANT SUPPLY	Saved -- Validated	Go to Sub Screen
079554920	JONESZYLON COMPANY, LLC, THE	Saved -- Validated	Go to Sub Screen
847033917	K & M OFFICE PRODUCTS, INC.	Saved -- Validated	Go to Sub Screen
006997142	LOWE'S COMPANIES, INC, DBA LOWE'S HOME CENTERS	Saved -- Validated	Go to Sub Screen
155226558	MATTIE RHODES MEMORIAL SOCIETY, THE	Saved -- Validated	Go to Sub Screen
095043139	GUADALUPE CENTERS, INC.	Saved -- Validated	Go to Sub Screen
073134231	KANSAS CITY, MISSOURI, CITY OF	Saved -- Validated	Go to Sub Screen
968704994	BINSWANGER ENTERPRISES, LLC	Saved -- Validated	Go to Sub Screen
082132333	CENTRAL JACKSON COUNTY FIRE PROTECTION DISTRICT	Saved -- Validated	Go to Sub Screen
117845144	GRAIN VALLEY, CITY OF	Saved -- Validated	Go to Sub Screen
030715056	GRANDVIEW, CITY OF	Saved -- Validated	Go to Sub Screen
030715478	LEE'S SUMMIT, CITY OF	Saved -- Validated	Go to Sub Screen
03071448	RAYTOWN, CITY OF	Saved -- Validated	Go to Sub Screen
962023177	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI	Saved -- Validated	Go to Sub Screen
076259456	INDEPENDENCE, CITY OF	Saved -- Validated	Go to Sub Screen
010660025	BLUE SPRINGS, CITY OF	Saved -- Validated	Go to Sub Screen
610941952	OAK GROVE, CITY OF	Saved -- Validated	Go to Sub Screen
042270843	SUGAR CREEK, CITY OF	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
086047743	BLUE SPRINGS R-IV SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
076280866	CENTER SCHOOL DISTRICT 58	Saved -- Validated	Go to Sub Screen
067949750	FORT OSAGE R1 SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
093921302	GRAIN VALLEY R-V SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
067947267	CONSOLIDATED SCHOOL DISTRICT #4	Saved -- Validated	Go to Sub Screen
067947507	HICKMAN MILLS C-1 SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
076260082	INDEPENDENCE SCHOOL BOARD OF EDUCATION	Saved -- Validated	Go to Sub Screen
043667385	KANSAS CITY 33	Saved -- Validated	Go to Sub Screen
080693591	LEE'S SUMMIT R-7 SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
780571910	OAK GROVE SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
150952505	CONSOLIDATED SCHOOL DISTRICT NO.2	Saved -- Validated	Go to Sub Screen
787466010	KANSAS CITY CARE CLINIC	Saved -- Validated	Go to Sub Screen
073053910	SAMUEL U RODGERS HEALTH CENTER, INC.	Saved -- Validated	Go to Sub Screen
076271428	SWOPE HEALTH SERVICES	Saved -- Validated	Go to Sub Screen
067944538	CONSOLIDATED LIBRARY DISTRICT NO. 3	Saved -- Validated	Go to Sub Screen
120546841	KANSAS CITY PUBLIC LIBRARY	Saved -- Validated	Go to Sub Screen
948450614	HOPE HOUSE, INC.	Saved -- Validated	Go to Sub Screen
794535559	NEWHOUSE	Saved -- Validated	Go to Sub Screen
134954437	ROSE BROOKS CENTER, INC.	Saved -- Validated	Go to Sub Screen
171556681	COMMUNITY SERVICES LEAGUE OF JACKSON COUNTY	Saved -- Validated	Go to Sub Screen
167046432	HARVESTERS - THE COMMUNITY FOOD NETWORK	Saved -- Validated	Go to Sub Screen
084890904	KANSAS CITY METROPOLITAN LUTHERAN MINISTRY	Saved -- Validated	Go to Sub Screen
110891446	SISTERS IN CHRIST	Saved -- Validated	Go to Sub Screen
117837527	Tech Assist Guide Shower for Humanity (TAGS)	Saved -- Validated	Go to Sub Screen
080388298	KANSAS CITY BOARD OF ELECTIONS	Saved -- Validated	Go to Sub Screen
080675198	ALIST LLC	Saved -- Validated	Go to Sub Screen
835167672	D H PACE COMPANY, INC	Saved -- Validated	Go to Sub Screen
117819520	PAYIT, LLC	Saved -- Validated	Go to Sub Screen
624391207	JACKSON COUNTY BOARD OF ELECTIONS	Saved -- Validated	Go to Sub Screen
605653583	CONTROLLED ENVIRONMENT PRODUCTS, INC.	Saved -- Validated	Go to Sub Screen
851050189	SHANE D SCOTT, DBA CONCIERGE TESTING SOLUTIONS	Saved -- Validated	Go to Sub Screen
007540081	Greenwood, City of	Saved -- Validated	Go to Sub Screen
076282102	UNITED WAY OF GREATER KANSAS CITY, INC.	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
780525833	CALVARY COMMUNITY OUTREACH NETWORK	Saved -- Validated	Go to Sub Screen
016960039	EDUCATION FIRST	Saved -- Validated	Go to Sub Screen
969551027	MACEDONIA BAPTIST CHURCH	Saved -- Validated	Go to Sub Screen
074089330	ONE GOOD MEAL	Saved -- Validated	Go to Sub Screen
610942224	LONE JACK, CITY OF	Saved -- Validated	Go to Sub Screen
073134868	JACKSON COUNTY	Saved -- Validated	Go to Sub Screen
021207550	RAYTOWN FIRE PROTECTION DISTRICT	Saved -- Validated	Go to Sub Screen
861422434	LABORATORY CORPORATION OF AMERICA HOLDINGS	Saved -- Validated	Go to Sub Screen
117001681	CONVERGEONE LLC	Saved -- Validated	Go to Sub Screen
626636351	HARVEST PRODUCTIONS, INC	Saved -- Validated	Go to Sub Screen
027938771	LODOX NA, LLC	Saved -- Validated	Go to Sub Screen
054094982	STACO ELECTRIC CONSTRUCTION COMPANY	Saved -- Validated	Go to Sub Screen
058434130	WESTSIDE COMMUNITY ACTION NETWORK	Saved -- Validated	Go to Sub Screen
131110533	COFFELT LAND TITLE, INC	Saved -- Validated	Go to Sub Screen
011478599	JOHNSON CONTROLS INC	Saved -- Validated	Go to Sub Screen
117507580	KINGSWAY LIGHTHOUSE MINISTRIES	Saved -- Validated	Go to Sub Screen
041555124	MORNINGSTAR DEVELOPMENT CORPORATION	Saved -- Validated	Go to Sub Screen
010668408	R J KOOL COMPANY	Saved -- Validated	Go to Sub Screen
116928527	At Work Personnel	Saved -- Validated	Go to Sub Screen

Contracts >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)							
Financial Progress Report (FPR) Contract >= \$50,000							
DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
122806699	C3MD, INC.	PO-1001-44309	\$68,294.00	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
148630788	HOMELESS SERVICES COALITION OF GREATER KANSAS CITY	RES-20415	\$450,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
117503863	GUARDIAN CONTROLS INC.	RES-5236-L1	\$148,500.00	\$0.00	Delivery Order	Saved -- Val idated	Go to Sub S creen
117503863	GUARDIAN CONTROLS INC.	PO-1001-44285	\$227,700.00	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
073067407	TRUMAN MEDICAL CENTER, INCORPORATED	ORD-5333	\$5,313,603.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
968704994	BINSWANGER ENTERPRISES, LLC	PO-1204-6790	\$150,667.44	\$13,867.41	Definitive Contract	Saved -- Val idated	Go to Sub S creen
791201523	BURTIN & ASSOCIATES, INC	CT1204202002	\$150,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
073067407	TRUMAN MEDICAL CENTER, INCORPORATED	ORD-5354	\$27,039,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
073067407	TRUMAN MEDICAL CENTER, INCORPORATED	JE115824-JCHD	\$11,597,938.85	\$5,085,583.83	Delivery Order	Saved -- Val idated	Go to Sub S creen
080675198	ALIST LLC	ORD 5326,5333,5376,5367,5394	\$203,600.85	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
605653583	CONTROLLED ENVIRONMENT PRODUCTS, INC.	ORD 5326,533	\$106,423.17	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
835167672	D H PACE COMPANY, INC	ORD 5416	\$77,250.00	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
117495489	FRONTLINE GROUP LLC	ORD 5394,5445	\$112,966.08	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
117819520	PAYIT, LLC	ORD 5454	\$382,289.75	\$83,975.50	Purchase Order	Saved -- Val idated	Go to Sub S creen
851050189	SHANE D SCOTT, DBA CONCIERGE TESTING SOLUTIONS	ODR 5434,5458, RES 20549	\$564,116.20	\$0.00	Purchase Order	Saved -- Val idated	Go to Sub S creen
067949750	FORT OSAGE R1 SCHOOL DISTRICT	ORD 5398	\$255,118.02	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
167046432	HARVESTERS - THE COMMUNITY FOOD NETWORK	CT8002202002	\$500,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
073053910	SAMUEL U RODGERS HEALTH CENTER, INC.	CT77132020003	\$1,099,000.00	\$74,000.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
076271428	SWOPE HEALTH SERVICES	CT76012020005	\$3,400,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
076282102	UNITED WAY OF GREATER KANSAS CITY, INC.	CT50272020001	\$1,500,000.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
171556681	COMMUNITY SERVICES LEA	CT77112020	\$100,000.00	\$0.00	Definitive Co	Saved	Go to

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
	GUE OF JACKSON COUNTY	002			ntract	-- Val idated	Sub S creen
780525833	CALVARY COMMUNITY OUT REACH NETWORK	CT15262020015	\$50,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
016960039	EDUCATION FIRST	CT1526202012	\$60,710.58	\$60,710.58	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
969551027	MACEDONIA BAPTIST CHURCH	CT15262020010	\$50,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
084890904	KANSAS CITY METROPOLITAN LUTHERAN MINISTRY	CT26262020008	\$50,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
074089330	ONE GOOD MEAL	CT77062020002	\$70,000.00	\$70,000.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
110891446	SISTERS IN CHRIST	CT15262020009	\$50,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
117837527	Tech Assist Guide Shower for Humanity (TAGS)	CT15262020007	\$79,198.63	\$9,198.63	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
948450614	HOPE HOUSE, INC.	CT76172020001	\$65,000.00	\$65,000.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
794535559	NEWHOUSE	CT76102020001	\$65,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
134954437	ROSE BROOKS CENTER, INC.	CT77182020002	\$65,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
067944538	CONSOLIDATED LIBRARY DISTRICT NO. 3	CT15592020001	\$50,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
120546841	KANSAS CITY PUBLIC LIBRARY	CT1572020001	\$50,000.00	\$50,000.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
624391207	JACKSON COUNTY BOARD OF ELECTIONS	ORD 5402 & 5422	\$100,000.00	\$0.00	Delivery Order	Saved -- Val idated	Go to Sub S creen
080388298	KANSAS CITY BOARD OF ELECTIONS	ORD 5422	\$100,000.00	\$0.00	Delivery Order	Saved -- Val idated	Go to Sub S creen
787466010	KANSAS CITY CARE CLINIC	CT77042020002	\$1,165,000.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
117001681	CONVERGEONE LLC	RES 20077	\$253,719.17	\$79,450.98	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
861422434	LABORATORY CORPORATION OF AMERICA HOLDINGS	ORD 5458	\$60,375.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
073067407	TRUMAN MEDICAL CENTER, INCORPORATED	ORD Corrections	\$63,742.50	\$0.00	Delivery Order	Saved -- Val idated	Go to Sub S creen
626636351	HARVEST PRODUCTIONS, INC	T&S-HARVESTPROD	\$202,955.00	\$0.00	Blanket Purchase Agreement	Saved -- Val idated	Go to Sub S creen
027938771	LODOX NA, LLC	RR44609	\$196,967.00	\$0.00	Blanket Purchase Agreement	Saved -- Val idated	Go to Sub S creen
969551027	MACEDONIA BAPTIST CHURCH	RES20535&20641	\$50,000.00	\$6,501.66	Delivery Order	Saved -- Val idated	Go to Sub S creen
054094982	STACO ELECTRIC CONSTRUCTION COMPANY	RES20347	\$92,061.00	\$0.00	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen
058434130	WESTSIDE COMMUNITY ACTION NETWORK	PC15262020005	\$65,771.63	\$98.95	Definitive Co ntract	Saved -- Val idated	Go to Sub S creen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
131110533	COFFELT LAND TITLE, INC	Ord 551	\$3,550,409.00	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
011478599	JOHNSON CONTROLS INC	Ord 5507 & Res 20648	\$1,149,069.44	\$0.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
117507580	KINGSWAY LIGHTHOUSE MI NISTRIES	ORD 5420, 5483, 8503	\$54,998.47	\$2,780.00	Definitive Contract	Saved -- Val idated	Go to Sub S creen
041555124	MORNINGSTAR DEVELOPME NT CORPORATION	MDC24110	\$121,000.00	\$40,923.58	Definitive Contract	Saved -- Val idated	Go to Sub S creen
010668408	R J KOOL COMPANY	RJK23400	\$140,448.53	\$72,176.52	Blanket Purchase Agreement	Saved -- Val idated	Go to Sub S creen
116928527	At Work Personnel	PO-AWP17100	\$54,295.89	\$54,295.89	Blanket Purchase Agreement	Saved -- Val idated	Go to Sub S creen
155226558	MATTIE RHODES MEMORIAL SOCIETY, THE	PO-MRC17400	\$78,041.22	\$78,041.22	Definitive Contract	Saved -- Val idated	Go to Sub S creen

Grants >=\$50,000

U.S. DEPARTMENT OF THE TREASURY						
Office of Inspector General (OIG)						
Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report (FPR)						
Grants >= \$50,000						
DUNS/Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status

Loans >=\$50,000

U.S. DEPARTMENT OF THE TREASURY					
Office of Inspector General (OIG)					
Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report (FPR)					
Loan >= \$50,000					
DUNS/Identification Number	Borrower Name	Loan Number	Loan Amount	Current Quarter Payments	Status

Transfers >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)							
Financial Progress Report (FPR) Transfers >=\$50,000							
DUNS/Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status	
962023177	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI	ORD-5376	\$433,473.00	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
082132333	CENTRAL JACKSON COUNTY FIRE PROTECTION DISTRICT	RES-20445	\$248,091.00	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
117845144	GRAIN VALLEY, CITY OF	CT15542020001	\$865,728.00	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
030715056	GRANDVIEW, CITY OF	CT15492020001	\$1,481,380.00	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
030715478	LEE'S SUMMIT, CITY OF	CT15442020001	\$5,921,527.00	\$244,661.26	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
03071448	RAYTOWN, CITY OF	CT15502020001	\$1,727,820.00	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
076259456	INDEPENDENCE, CITY OF	CT15412020001	\$6,953,474.00	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
073134231	KANSAS CITY, MISSOURI, CITY OF	CT15402020001	\$18,882,945.00	\$592,305.78	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
076280866	CENTER SCHOOL DISTRICT 58	CT15582020003	\$159,740.97	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
086047743	BLUE SPRINGS R-IV SCHOOL DISTRICT	CT15582020001	\$593,867.28	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
962023177	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI	ORD 5416 - FAMILY COURT DIVISION	\$141,223.19	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
067947267	CONSOLIDATED SCHOOL DISTRICT #4	CT15582020005	\$277,662.11	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
076260082	INDEPENDENCE SCHOOL BOARD OF EDUCATION	CT15582020004	\$845,334.02	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
080693591	LEE'S SUMMIT R-7 SCHOOL DISTRICT	CT15582020007	\$654,931.45	\$0.00	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
042270843	SUGAR CREEK, CITY OF	CT15422020001	\$83,000.00	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
610942224	LONE JACK, CITY OF	CT15482020001	\$77,100.00	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
093921302	GRAIN VALLEY R-V SCHOOL DISTRICT	CT15582020002	\$167,916.38	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
067947507	HICKMAN MILLS C-1 SCHOOL DISTRICT	CT15582020011	\$397,936.26	\$187,348.03	Reimbursable	Saved -- Validated	Go to Sub Screen
043667385	KANSAS CITY 33	CT15582020012	\$1,062,331.06	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
780571910	OAK GROVE SCHOOL DISTRICT	CT15582020008	\$82,676.60	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status	
							en
150952505	CONSOLIDATED SCHOOL DISTRICT NO.2	CT15582020010	\$481,460.16	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
010660025	BLUE SPRINGS, CITY OF	CT15462020001	\$3,327,324.00	\$1,030,854.00	Reimbursable	Saved -- Validated	Go to Sub Screen
007540081	Greenwood, City of	CT15532020002	\$347,638.00	\$130,667.82	Reimbursable	Saved -- Validated	Go to Sub Screen
610941952	OAK GROVE, CITY OF	CT15472020001	\$492,164.00	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen
021207550	RAYTOWN FIRE PROTECTION DISTRICT	RES 20447 & RES 20590	\$364,694.00	\$0.00	Reimbursable	Saved -- Validated	Go to Sub Screen

Direct >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report(FPR) Direct Payments >=\$50,000					
DUNS/Identification Number	Payee Name	Obligation Amount	Current Quarter Expenditures	Status	Go to Sub Screen
073134868	JACKSON COUNTY	\$0.00	\$0.00	Saved -- Validated	


Aggregate Awards of <\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report(FPR) Aggregate Awards of <\$50,000						
		A	B	C	D	E
	Funding Type	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure/Payments	Cumulative Expenditure/Payments
109	Aggregate of Contracts Awarded for <\$50,000	Yes	\$175,667.53	\$1,335,875.33	\$175,667.53	\$1,335,875.33
110	Aggregate of Grants Awarded for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
111	Aggregate of Loans Issued for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
112	Aggregate of Transfers <\$50,000	Yes	\$1,181.07	\$60,869.85	\$1,181.07	\$60,869.85
113	Aggregate of Direct Payments <\$50,000	Yes	-\$44,551.92	\$0.00	-\$44,551.92	\$0.00
Total:			\$132,296.68	\$1,396,745.18	\$132,296.68	\$1,396,745.18

Aggregate Payments to Individuals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report (FPR) Aggregate Payment to Individuals						
		A	B	C	D	E
	Funding Type	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure	Cumulative Expenditure
114	Aggregate of Direct Payments to Individuals	Yes	\$5,028,092.92	\$12,260,614.92	\$5,028,092.92	\$12,260,614.92

Totals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report(FPR) Totals					
115	Coronavirus Relief Funds Received				\$122,669,998.30
		A	B	C	D
		Obligations	Current Quarter Expenditures	Cumulative Expenditures	Net Obligation
116	Contracts >=\$50,000	\$61,650,230.42	\$5,846,604.75	\$61,606,650.32	\$43,580.10
117	Grants >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
118	Transfers >=\$50,000	\$46,071,437.48	\$2,185,836.89	\$46,071,437.48	\$0.00
119	Direct >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
120	Aggregate Contracts <\$50,000	\$1,335,875.33	\$175,667.53	\$1,335,875.33	\$0.00
121	Aggregate Grants <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
122	Aggregate Transfers <\$50,000	\$60,869.85	\$1,181.07	\$60,869.85	\$0.00
123	Aggregate Direct <\$50,000	\$0.00	-\$44,551.92	\$0.00	\$0.00
124	Aggregate Payments to Individuals	\$12,260,614.92	\$5,028,092.92	\$12,260,614.92	\$0.00
125	Total	\$121,379,028.00	\$13,192,831.24	\$121,335,447.90	\$43,580.10
		Obligations	Current Quarter Payments	Cumulative Payments	Net Obligation
126	Loans >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
127	Aggregate Loans <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
128	Total	\$0.00	\$0.00	\$0.00	\$0.00
129	Available Balance of CRF funds before Loan Repayment				\$1,290,970.30
130	Cumulative Loan Payments				\$0.00
131	Total Available Balance of CRF funds				\$1,290,970.30
<p>I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate, and the information is provided for the purposes and intent set forth in the CARES Act, P.L. 116-136. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)</p>					
132a. Name of Authorized Official Troy Schulte		132b. Email Address TSchulte@jacksongov.org			
132c. Signature of Authorized Certifying Official 		132d. Date Report Submitted (Month, Day, Year) 01/10/2022			
Completion of Coronavirus Relief Fund Financial Reporting					
<input type="checkbox"/>	All obligations and expenditures have been reported for the Federal funds received for the Coronavirus Relief Fund(CRF) Program, no financial adjustments are expected in future reporting cycles and any unused funds have been returned to the Federal government. No future reporting is anticipated for the CRF Program.				

Sub Screen: Contract: PO-1001-44309

34	Sub-Recipient Organization (Contractor)*	C3MD, INC.-122806699		
35	Contract Number*	PO-1001-44309		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$68,294.00
38	Contract Date *	04/07/2020		
39	Period of Performance Start Date *	05/22/2020		
40	Period of Performance End Date *	07/01/2020		
41	Primary Place of Performance Address Line 1 *	313 S Liberty St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Independence		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64050-3802		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			5
50	Contract Description *	PURCHASE OF ANTIBODY TEST KITS CONTAINING CASSETTE, LANCET, BUFFER, PIPETTE (QUANTITY OF 3,000 + 2,200 FOR TOTAL OF 5,200). FUNDING AUTHORIZED BY 5326 & RECLASSIFIED TO NEW FUND ON ORDINANCE 5333.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$0.00	\$68,294.00	\$0.00	\$68,294.00
Total		\$0.00	\$68,294.00	\$0.00	\$68,294.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	06/18/2020	07/01/2020	\$68,294.00	COVID-19 Testing and Contact Tracing	
Line 2	0			\$0.00	Select	
Total:						\$68,294.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 073067407

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073067407		Verified
22	Identification Number			
23	Legal Name*	TRUMAN MEDICAL CENTER, INCORPORATED		
24	Address Line 1*	2301 HOLMES ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64108-2640		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Direct Sub-Recipient: 073134868

103	Sub-Recipient Organization (Payee)*	JACKSON COUNTY-073134868
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/01/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$0.00	\$0.00	\$0.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$0.00	\$0.00	\$0.00
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00
Line 4	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$462,518.00	Payroll for Public Health and Safety Employees	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$25,561.10	Personal Protective Equipment	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$15,144.00	Public Health Expenses	
Line 4	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	12/30/2020	\$10,285.54	Improve Telework Capabilities of Public Employees	
Line 5	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	03/31/2021	-\$462,518.00	Payroll for Public Health and Safety Employees	
Line 6	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	03/31/2021	-\$25,561.10	Personal Protective Equipment	
Line 7	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	03/31/2021	-\$15,144.00	Public Health Expenses	
Line 8	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	03/31/2021	-\$10,285.54	Improve Telework Capabilities of Public Employees	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: ORD-5376

94	Sub-Recipient Organization (Transferee/Government Unit)*	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI-962023177
95	Transfer Number *	ORD-5376
96	Transfer Amount *	\$433,473.00
97	Transfer Date *	07/20/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	PAY COST NECESSARY IN CONNECTIN WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORD 5376. TRANSFER JC CIRCUIT COURT ON 7-20-2020.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	\$0.00	\$323,696.00	\$0.00	\$323,696.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$109,777.00	\$0.00	\$109,777.00
Total		\$0.00	\$433,473.00	\$0.00	\$433,473.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	03/01/2020	09/30/2020	\$323,696.00	Improve Telework Capabilities of Public Employees	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	09/30/2020	\$109,777.00	Personal Protective Equipment	
Total:						\$433,473.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: RES-20415

34	Sub-Recipient Organization (Contractor)*	HOMELESS SERVICES COALITION OF GREATER KANSAS CITY-148630788		
35	Contract Number*	RES-20415		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$450,000.00		
38	Contract Date *	05/19/2020		
39	Period of Performance Start Date *	05/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3200 Wayne Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64109-2062		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Provide temporary emergency housing of homeless or near homeless persons who have tested positive for the virus, to allow them to be quarantined, monitored, and provided medical treatment, without needlessly exposing others to the risk of infection. Funding authorized by Ordinance 5326 / Resolution 20415.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	HOUSING1 - HOUSING SUPPORT	\$0.00	\$450,000.00	\$0.00	\$439,395.51
Total		\$0.00	\$450,000.00	\$0.00	\$439,395.51

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	HOUSING1 - HOUSING SUPPORT	05/19/2020	05/19/2020	\$200,000.00	Housing Support	
Line 2	HOUSING1 - HOUSING SUPPORT	05/19/2020	08/14/2020	\$150,000.00	Housing Support	
Line 3	HOUSING1 - HOUSING SUPPORT	05/19/2020	12/30/2020	\$89,395.51	Personal Protective Equipment	
Total:						\$439,395.51

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: RES-20445

94	Sub-Recipient Organization (Transferee/Government Unit)*	CENTRAL JACKSON COUNTY FIRE PROTECTION DISTRICT-082132333
95	Transfer Number *	RES-20445
96	Transfer Amount *	\$248,091.00
97	Transfer Date *	09/17/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	ACQUIRE SUPPLIES AND EQUIPMENT TO PROVIDE FOR EMPLOYEE OVERTIME NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY RES 20445. PAYMENT TO CJCFPD ON 9-17-2020.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$19,505.85	\$0.00	\$19,505.85
Line 2	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$5,003.85	\$0.00	\$5,003.85
Line 3	PAYROLLPUBLIC HEALTH AND SAFETY EMPLOYEES	\$0.00	\$107,084.33	\$0.00	\$107,084.33
Line 4	PPE1 - PERSONAL PROTECTIVE EQUIPMENT	\$0.00	\$116,496.97	\$0.00	\$116,496.97
Total		\$0.00	\$248,091.00	\$0.00	\$248,091.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	06/15/2020	09/30/2020	\$9,070.63	Improve Telework Capabilities of Public Employees	
Line 2	MEDEXP1 - MEDICAL EXPENSES	06/15/2020	09/30/2020	\$300.00	Medical Expenses	
Line 3	PAYROLLPUBLIC HEALTH AND SAFETY EMPLOYEES	06/15/2020	09/30/2020	\$16,683.82	Payroll for Public Health and Safety Employees	
Line 4	PPE1 - PERSONAL PROTECTIVE EQUIPMENT	06/15/2020	09/30/2020	\$68,879.47	Personal Protective Equipment	
Line 5	0			\$0.00	Select	
Line 6	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	06/15/2020	03/31/2021	\$10,435.22	Improve Telework Capabilities of Public Employees	
Line 7	MEDEXP1 - MEDICAL EXPENSES	06/15/2020	03/31/2021	\$4,703.85	Medical Expenses	
Line 8	PAYROLLPUBLIC HEALTH AND SAFETY EMPLOYEES	06/15/2020	03/31/2021	\$90,400.51	Payroll for Public Health and Safety Employees	
Line 9	PPE1 - PERSONAL PROTECTIVE EQUIPMENT	06/15/2020	03/31/2021	\$47,617.50	Personal Protective Equipment	
Total:						\$248,091.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E
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	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient: 007445547

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	007445547		
23	Legal Name*	ALMAR PRINTING INC		
24	Address Line 1*	7735 Wornall Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64114-1857		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: RES-5236-L1

34	Sub-Recipient Organization (Contractor)*	GUARDIAN CONTROLS INC.-117503863		
35	Contract Number*	RES-5236-L1		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$148,500.00		
38	Contract Date *	04/07/2020		
39	Period of Performance Start Date *	04/07/2020		
40	Period of Performance End Date *	05/06/2020		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	N95 MASKS (QUANTITY OF 75,000). FUNDING AUTHORIZED BY ORD 5326 & RE CLASSIFIED TO NEW FUND ON ORDINANCE 5333. SEE JE113893.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$148,500.00	\$0.00	\$148,500.00
Total		\$0.00	\$148,500.00	\$0.00	\$148,500.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	04/07/2020	05/06/2020	\$148,500.00	Personal Protective Equipment	
Total:						\$148,500.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15542020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	GRAIN VALLEY, CITY OF-117845144
95	Transfer Number *	CT15542020001
96	Transfer Amount *	\$865,728.00
97	Transfer Date *	08/13/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	ACQUIRE SUPPLIES AND EQUIPMENT MAKE MINOR BUILDING IMPROVEMENTS, AND PAY PUBLIC SAFETY OVERTIME AND OTHER COSTS NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. ACH PAYMENT TO GRAIN VALLEY ON 8-13-2020.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	ADMINEXP - ADMINISTRATIVE EXPENSE	\$0.00	\$8,326.23	\$0.00	\$8,326.23
Line 2	HOUSING1 - HOUSING SUPPORT	\$0.00	\$0.00	\$0.00	\$0.00
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$15,219.01	\$0.00	\$15,219.01
Line 4	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$771,885.48	\$0.00	\$771,885.48
Line 5	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$70,297.28	\$0.00	\$70,297.28
Total		\$0.00	\$865,728.00	\$0.00	\$865,728.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	09/30/2020	\$4,498.30	Administrative Expenses	
Line 2	HOUSING1 - HOUSING SUPPORT	03/01/2020	09/30/2020	\$1,058.62	Housing Support	
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	09/30/2020	\$11,133.40	Personal Protective Equipment	
Line 4	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2020	\$528,878.82	Payroll for Public Health and Safety Employees	
Line 5	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	09/30/2020	\$4,166.90	Improve Telework Capabilities of Public Employees	
Line 6	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	12/30/2020	\$3,827.93	Administrative Expenses	
Line 7	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	-\$1,058.62	Housing Support	
Line 8	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$4,085.61	Personal Protective Equipment	
Line 9	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$243,006.66	Payroll for Public Health and Safety Employees	
Line 10	TELEWORK1 - TEL	03/01/2020	12/30/2020	\$33,606.09	Improve Telework Capabilities	

	TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES				es of Public Employees	
Line 11	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	03/31/2021	\$32,524.29	Improve Telework Capabilities of Public Employees	
Total:						\$865,728.00

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 827135518

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	827135518		Verified
22	Identification Number			
23	Legal Name*	BENILDE HALL INC		
24	Address Line 1*	3220 E 23RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64127-4201		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Transfer: CT15492020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	GRANDVIEW, CITY OF-030715056
95	Transfer Number *	CT15492020001
96	Transfer Amount *	\$1,481,380.00
97	Transfer Date *	08/07/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORD 5372. ACH PAYMENT TO GRANDVIEW ON 8-7-2020.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$0.00	\$690,032.00	\$0.00	\$690,032.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$63,657.00	\$0.00	\$63,657.00
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$590,866.00	\$0.00	\$590,866.00
Line 4	HOUSING1 - HOUSING SUPPORT	\$0.00	\$41,825.00	\$0.00	\$41,825.00
Line 5	SMALLBUS - SMALL BUSINESS ASSISTANCE	\$0.00	\$95,000.00	\$0.00	\$95,000.00
Total		\$0.00	\$1,481,380.00	\$0.00	\$1,481,380.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	09/30/2020	\$75,978.00	Personal Protective Equipment	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2020	\$199,472.00	Payroll for Public Health and Safety Employees	
Line 3	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	03/01/2020	12/30/2020	\$690,032.00	Public Health Expenses	
Line 4	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	-\$12,321.00	Personal Protective Equipment	
Line 5	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$391,394.00	Payroll for Public Health and Safety Employees	
Line 6	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	\$41,825.00	Housing Support	
Line 7	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	12/30/2020	\$95,000.00	Small Business Assistance	
Total:						\$1,481,380.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete

Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 791201523

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	791201523		
23	Legal Name*	BURTIN & ASSOCIATES, INC		
24	Address Line 1*	5227 Blue Pkwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64130-2307		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: PO-1001-44285

34	Sub-Recipient Organization (Contractor)*	GUARDIAN CONTROLS INC.-117503863		
35	Contract Number*	PO-1001-44285		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$227,700.00		
38	Contract Date *	04/07/2020		
39	Period of Performance Start Date *	04/07/2020		
40	Period of Performance End Date *	10/02/2020		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	N95 MASKS (QUANTITY OF 100,000). FUNDING AUTHORIZED BY ORD 5326 & RECLASSIFIED TO NEW FUND ON ORDINANCE 5333.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$227,700.00	\$0.00	\$227,700.00
Total		\$0.00	\$227,700.00	\$0.00	\$227,700.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	04/07/2020	05/21/2020	\$198,000.00	Personal Protective Equipment	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	04/07/2020	10/02/2020	\$29,700.00	Personal Protective Equipment	
Total:						\$227,700.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient: 122806699

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	122806699		
23	Legal Name*	C3MD, INC.		
24	Address Line 1*	11870 W State Road 84 Ste C5		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Davie		
28	State Code*	FL		
29	Zip+4*	33325-3811		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Transfer: CT15442020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	LEE'S SUMMIT, CITY OF-030715478
95	Transfer Number *	CT15442020001
96	Transfer Amount *	\$5,921,527.00
97	Transfer Date *	09/16/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5372. ACH PAYMENT TO LEE'S SUMMIT ON 9-16-2020.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	MEDEXP1 - MEDICAL EXPENSES	\$16,418.58	\$273,654.00	\$16,418.58	\$273,654.00
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$228,242.84	\$4,563,852.00	\$228,242.84	\$4,563,852.00
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	-\$217,484.42	\$401,198.00	-\$0.32	\$401,198.00
Line 4	SMALLBUS - SMALL BUSINESS ASSISTANCE	-\$27,177.00	\$682,823.00	\$0.16	\$682,823.00
Total		\$0.00	\$5,921,527.00	\$244,661.26	\$5,921,527.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	09/30/2020	\$257,235.00	Medical Expenses	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2020	\$424,052.00	Public Health Expenses	
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2020	\$195,249.00	Payroll for Public Health and Safety Employees	
Line 4	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	09/30/2020	\$225,000.00	Small Business Assistance	
Line 5	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	12/30/2020	-\$231,349.53	Medical Expenses	
Line 6	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$375,140.79	Public Health Expenses	
Line 7	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$205,066.30	Payroll for Public Health and Safety Employees	
Line 8	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	12/30/2020	\$485,000.00	Small Business Assistance	
Line 9	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	03/31/2021	\$1,026,601.91	Public Health Expenses	
Line 10	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	03/31/2021	\$883.02	Payroll for Public Health and Safety Employees	

Line 11	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	03/31/2021	-\$27,177.16	Small Business Assistance	
Line 12	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	06/30/2021	\$231,349.95	Medical Expenses	
Line 13	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	06/30/2021	\$980,932.58	Public Health Expenses	
Line 14	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2021	\$1,528,881.88	Public Health Expenses	
Total:						\$5,676,865.74

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	12/31/2021	\$16,418.58	Medical Expenses		
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/31/2021	\$228,242.84	Public Health Expenses		
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/31/2021	-\$0.32	Payroll for Public Health and Safety Employees		
Line 4	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	12/31/2021	\$0.16	Small Business Assistance		
Total:							\$244,661.26

Sub Screen: Contract: ORD-5333

34	Sub-Recipient Organization (Contractor)*	TRUMAN MEDICAL CENTER, INCORPORATED-073067407		
35	Contract Number*	ORD-5333		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$5,313,603.00		
38	Contract Date *	03/30/2020		
39	Period of Performance Start Date *	03/30/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	2301 Holmes St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64108-2640		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	PPE, TESTING, MED EXP, IT EQ TELEWORK, PULIC HLTH EXP. FUNDING AUTHORIZED BY ORDINANCE 5322, 5326, & RECLASS TO NEW FUND ON ORDINANCE 5333.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$3,016,151.49	\$0.00	\$3,016,151.49
Line 2	TESTING - COVID-19 TESTING	\$0.00	\$1,164,414.40	\$0.00	\$1,164,414.40
Line 3	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$484,395.40	\$0.00	\$484,395.40
Line 4	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$411,855.63	\$0.00	\$411,855.63
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$236,786.08	\$0.00	\$236,786.08
Total		\$0.00	\$5,313,603.00	\$0.00	\$5,313,603.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/30/2020	05/18/2020	\$3,016,151.49	Personal Protective Equipment	
Line 2	TESTING - COVID-19 TESTING	03/30/2020	05/18/2020	\$1,164,414.40	COVID-19 Testing and Contact Tracing	
Line 3	MEDEXP1 - MEDICAL EXPENSES	03/30/2020	05/18/2020	\$484,395.40	Medical Expenses	
Line 4	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/30/2020	05/18/2020	\$411,855.63	Improve Telework Capabilities of Public Employees	
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/30/2020	05/18/2020	\$235,661.08	Public Health Expenses	
Line 6	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/30/2020	09/30/2021	\$1,125.00	Public Health Expenses	
Total:						\$5,313,603.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15502020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	RAYTOWN, CITY OF-03071448
95	Transfer Number *	CT15502020001
96	Transfer Amount *	\$1,727,820.00
97	Transfer Date *	09/01/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	ACQUIRE SUPPLIES AND EQUIPMENT, MAKE MINOR BUILDING IMPROVEMENTS, AND PAY PUBLIC SAFETY OVERTIME AND OTHER COSTS NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5359. ACH PAYMENT TO RAYTOWN ON 9-1-2020 AND THEY HAVE NO EXPENDITURES TO REPORT AT 9-30-20200.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$315,049.28	\$0.00	\$315,049.28
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$384,771.71	\$0.00	\$384,771.71
Line 3	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$0.00	\$600,820.00	\$0.00	\$600,820.00
Line 4	HOUSING1 - HOUSING SUPPORT	\$0.00	\$201,217.97	\$0.00	\$201,217.97
Line 5	SMALLBUS - SMALL BUSINESS ASSISTANCE	\$0.00	\$225,961.04	\$0.00	\$225,961.04
Total		\$0.00	\$1,727,820.00	\$0.00	\$1,727,820.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$315,049.28	Payroll for Public Health and Safety Employees	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$384,771.71	Public Health Expenses	
Line 4	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	03/01/2020	12/30/2020	\$600,820.00	Public Health Expenses	
Line 5	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	\$201,217.97	Housing Support	
Line 6	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	12/30/2020	\$225,961.04	Small Business Assistance	
Total:						\$1,727,820.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			

Total:

\$0.00

Sub Screen: Sub-Recipient: 164340168

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	164340168		
23	Legal Name*	CHILD ABUSE PREVENTION ASSOCIATION, INC.		
24	Address Line 1*	503 E 23rd St S		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Independence		
28	State Code*	MO		
29	Zip+4*	64055-1502		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: PO-1204-6790

34	Sub-Recipient Organization (Contractor)*	BINSWANGER ENTERPRISES, LLC-968704994		
35	Contract Number*	PO-1204-6790		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$150,667.44
38	Contract Date *	05/29/2020		
39	Period of Performance Start Date *	05/29/2020		
40	Period of Performance End Date *	12/22/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			5
50	Contract Description *	FURNISHING AND INSTALLATION OF SNEEZE GUARDS (PLEXIGLASS) IN VARIOUS COURTHOUS OFFICES. FUNDING AUTHORIZED BY ORD 5337 & 5434. PURCHASED FROM T&S CONTRACT 44-19.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$13,867.41	\$150,667.44	\$13,867.41	\$150,667.44
Total		\$13,867.41	\$150,667.44	\$13,867.41	\$150,667.44

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	07/23/2020	09/24/2020	\$99,351.00	Personal Protective Equipment	
Line 2	0			\$0.00	Select	
Line 3	0			\$0.00	Select	
Line 4	PPE1 - PERSONAL PROTECTIVE EQ	07/23/2020	03/31/2021	\$37,449.03	Personal Protective Equipment	
Total:						\$136,800.03

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	07/23/2020	12/22/2021	\$13,867.41	Personal Protective Equipment		
Total:							\$13,867.41

Sub Screen: Transfer: CT15412020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	INDEPENDENCE, CITY OF-076259456
95	Transfer Number *	CT15412020001
96	Transfer Amount *	\$6,953,474.00
97	Transfer Date *	08/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5372.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$897,546.86	\$0.00	\$897,546.86
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$3,802,291.28	\$0.00	\$3,802,291.28
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$4,512.56	\$0.00	\$4,512.56
Line 4	HOUSING1 - HOUSING SUPPORT	\$0.00	\$2,249,123.30	\$0.00	\$2,249,123.30
Total		\$0.00	\$6,953,474.00	\$0.00	\$6,953,474.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2020	\$1,574,876.69	Public Health Expenses	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2020	\$48,143.26	Payroll for Public Health and Safety Employees	
Line 3	HOUSING1 - HOUSING SUPPORT	03/01/2020	09/30/2020	\$2,249,123.00	Housing Support	
Line 4	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	12/30/2020	\$897,546.86	Medical Expenses	
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$2,227,414.59	Public Health Expenses	
Line 6	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	-\$43,630.70	Payroll for Public Health and Safety Employees	
Line 7	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	\$0.30	Housing Support	
Total:						\$6,953,474.00

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
Total:						\$0.00

Sub Screen: Contract: CT12042020002

34	Sub-Recipient Organization (Contractor)*	BURTIN & ASSOCIATES, INC-791201523		
35	Contract Number*	CT12042020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$150,000.00		
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	07/23/2020		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COVID-19 CLEANING SERVICES. ORIGINAL BURTIN & ASSOC CONTRACT AUTHORIZED BY ORD 5237. CARES FUNDING AUTHORIZED BY ORD 5337.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$150,000.00	\$0.00	\$150,000.00
Total		\$0.00	\$150,000.00	\$0.00	\$150,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	05/13/2020	07/23/2020	\$150,000.00	Personal Protective Equipment	
Line 2	0			\$0.00	Select	
Total:						\$150,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 117495489

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117495489		Verified
22	Identification Number			
23	Legal Name*	FRONTLINE GROUP LLC		
24	Address Line 1*	2389 COLTS NECK RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLACKLICK		
28	State Code*	OH		
29	Zip+4*	43004-9003		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	12		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Transfer: CT15402020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	KANSAS CITY, MISSOURI, CITY OF-073134231
95	Transfer Number *	CT15402020001
96	Transfer Amount *	\$18,882,945.00
97	Transfer Date *	08/12/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	HIRE PERSONNEL AND ACQUIRE SUPPLIES AND EQUIPMENT NECESSARY FOR CONTRACT TRACING, INVESTIGATION, AND OTHER UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5341 AND 5372.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$279,098.40	\$2,927,051.40	\$279,098.40	\$2,927,051.40
Line 2	FACDISTLEARN - FACILITATING DISTANCE LEARNING	-\$0.63	\$426,939.37	\$0.00	\$426,939.37
Line 3	HOUSING1 - HOUSING SUPPORT	-\$1,063.53	\$219,936.47	\$0.00	\$219,936.47
Line 4	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$64,277.79	\$8,401,208.17	\$64,277.79	\$8,401,208.17
Line 5	PPE1 - PERSONAL PROTECTIVE EQ	-\$18,693.05	\$1,704,821.24	\$165,316.50	\$1,704,821.24
Line 6	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$36,881.09	\$2,178,824.92	\$36,881.09	\$2,178,824.92
Line 7	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$0.00	\$0.00	\$0.00	\$0.00
Line 8	SMALLBUS - SMALL BUSINESS ASSISTANCE	\$0.00	\$350,000.00	\$0.00	\$350,000.00
Line 9	UNEMPBEN - UNEMPLOYMENT BENEFITS	\$0.00	\$2,674.53	\$0.00	\$2,674.53
Line 10	ADMINEXP - ADMINISTRATIVE EXPENSE	\$46,732.00	\$370,898.25	\$46,732.00	\$370,898.25
Line 11	BUDPERSERDIVERTE D PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENCE USE	-\$6,840.76	\$403,433.24	\$0.00	\$403,433.24
Line 12	ECONSUPP-OTHER - ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	-\$0.45	\$431,568.05	\$0.00	\$431,568.05
Line 13	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMP	\$0.00	\$243,558.44	\$0.00	\$243,558.44
Line 14	MEDEXP1 - MEDICAL EXPENSES	-\$400,390.86	\$405,933.14	\$0.00	\$405,933.14
Line 15	WORKCOMP - WORKERS COMPENSATION	\$0.00	\$816,097.78	\$0.00	\$816,097.78

	ATION				
Total		\$0.00	\$18,882,945.00	\$592,305.78	\$18,882,945.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	03/01/2020	09/30/2020	\$923,093.75	COVID-19 Testing and Contact Tracing	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2020	\$740,970.85	Payroll for Public Health and Safety Employees	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2020	\$150,000.00	Public Health Expenses	
Line 4	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	12/30/2020	\$34,600.80	Administrative Expenses	
Line 5	TESTING - COVID-19 TESTING	03/01/2020	12/30/2020	-\$328,303.81	COVID-19 Testing and Contact Tracing	
Line 6	ECONSUPP-OTHER - ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	03/01/2020	12/30/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 7	FACDISTLEARN - FACILITATING DISTANCE LEARNING	03/01/2020	12/30/2020	\$426,939.37	Facilitating Distance Learning	
Line 8	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	\$219,936.54	Housing Support	
Line 9	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	12/30/2020	\$94,788.45	Improve Telework Capabilities of Public Employees	
Line 10	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	12/30/2020	\$745,151.53	Medical Expenses	
Line 11	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$9,311,378.92	Payroll for Public Health and Safety Employees	
Line 12	PPE1 - PERSONAL PROTECTIVE EQUIPMENT	03/01/2020	12/30/2020	\$2,206,578.60	Personal Protective Equipment	
Line 13	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$998,251.67	Public Health Expenses	
Line 14	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	12/30/2020	\$200,000.00	Small Business Assistance	
Line 15	BUDPERSERDIVERTE D - BUDGETED PERSONNEL AND SERVICES DIVERTE D TO SUBSTANTIALLY DIFFERENT USE	03/01/2020	12/30/2020	\$403,524.70	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 16	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	03/31/2021	\$107,597.00	Administrative Expenses	
Line 17	TESTING - COVID-19 TESTING	03/01/2020	03/31/2021	\$219,247.00	COVID-19 Testing and Contact Tracing	
Line 18	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	03/31/2021	\$808.00	Medical Expenses	
Line 19	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	03/31/2021	-\$2,734,547.00	Payroll for Public Health and Safety Employees	

Line 20	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	03/31/2021	\$252,761.00	Personal Protective Equipment
Line 21	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	03/31/2021	\$437,550.00	Public Health Expenses
Line 22	SMALLBUS - SMALL BUSINESS ASSISTANCE	03/01/2020	03/31/2021	\$150,000.00	Small Business Assistance
Line 23	TESTING - COVID-19 TESTING	03/01/2020	06/30/2021	\$595,692.00	COVID-19 Testing and Contact Tracing
Line 24	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	06/30/2021	\$515,539.00	Payroll for Public Health and Safety Employees
Line 25	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	06/30/2021	\$83.00	Personal Protective Equipment
Line 26	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	06/30/2021	\$35,676.00	Public Health Expenses
Line 27	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	06/30/2021	-\$23,319.00	Administrative Expenses
Line 28	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	06/30/2021	-\$18,734.00	Improve Telework Capabilities of Public Employees
Line 29	WORKCOMP - WORKERS COMPENSATION	03/01/2020	06/30/2021	\$785,932.00	Workers Compensation
Line 30	TESTING - COVID-19 TESTING	03/01/2020	09/30/2021	\$1,238,224.06	COVID-19 Testing and Contact Tracing
Line 31	HOUSING1 - HOUSING SUPPORT	03/01/2020	09/30/2021	-\$0.07	Housing Support
Line 32	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	09/30/2021	\$503,588.61	Payroll for Public Health and Safety Employees
Line 33	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	09/30/2021	-\$919,917.86	Personal Protective Equipment
Line 34	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2021	\$520,466.16	Public Health Expenses
Line 35	UNEMPBEN - UNEMPLOYMENT BENEFITS	03/01/2020	09/30/2021	\$2,674.53	Unemployment Benefits
Line 36	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	09/30/2021	\$205,287.45	Administrative Expenses
Line 37	BUDPERSERDIVERTE D - BUDGETED PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	03/01/2020	09/30/2021	-\$91.46	Budgeted Personnel and Services Diverted to a Substantially Different Use
Line 38	ECONSUPPORT - ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	03/01/2020	09/30/2021	\$331,568.05	Economic Support (Other than Small Business, Housing, and Food Assistance)
Line 39	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	09/30/2021	\$167,503.99	Improve Telework Capabilities of Public Employees
Line 40	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	09/30/2021	-\$340,026.39	Medical Expenses
Line 41	WORKCOMP - WORKERS COMPENSATION	03/01/2020	09/30/2021	\$30,165.78	Workers Compensation
Total:					\$18,290,639.22

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	TESTING - COVID-19 TESTING	03/01/2020	12/31/2021	\$279,098.40	COVID-19 Testing and Contact Tracing		
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/31/2021	\$64,277.79	Payroll for Public Health and Safety Employees		
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/31/2021	\$165,316.50	Personal Protective Equipment		
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/31/2021	\$36,881.09	Public Health Expenses		
Line 5	ADMINEXP - ADMINISTRATIVE EXPENSE	03/01/2020	12/31/2021	\$46,732.00	Administrative Expenses		
Total:							\$592,305.78

Sub Screen: Sub-Recipient: 117503863

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117503863		
23	Legal Name*	GUARDIAN CONTROLS INC.		
24	Address Line 1*	62 Plymouth Hills Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Monett		
28	State Code*	MO		
29	Zip+4*	65708-2800		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: ORD-5354

34	Sub-Recipient Organization (Contractor)*	TRUMAN MEDICAL CENTER, INCORPORATED-073067407		
35	Contract Number*	ORD-5354		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$27,039,000.00		
38	Contract Date *	06/03/2020		
39	Period of Performance Start Date *	06/03/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	2301 Holmes St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64108-2640		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	CRITICAL FACILITY IMPROVEMENTS AND ACQUIRE NEEDED EQUIPMENT TO BETTER PREPARE FOR PANDEMIC RESPONSE. FUNDING AUTHORIZED BY ORDINANCE 5354. ACH PAYMENT TO TMC OF \$5,000,000 ON 9-9-2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$27,039,000.00	\$0.00	\$27,039,000.00
Total		\$0.00	\$27,039,000.00	\$0.00	\$27,039,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	MEDEXP1 - MEDICAL EXPENSES	06/03/2020	09/30/2020	\$2,567,184.00	Medical Expenses	
Line 2	MEDEXP1 - MEDICAL EXPENSES	06/03/2020	12/30/2020	\$12,184,616.00	Medical Expenses	
Line 3	MEDEXP1 - MEDICAL EXPENSES	06/03/2020	03/31/2021	\$5,260,991.00	Medical Expenses	
Line 4	MEDEXP1 - MEDICAL EXPENSES	06/03/2020	06/30/2021	\$5,726,358.00	Medical Expenses	
Line 5	MEDEXP1 - MEDICAL EXPENSES	06/03/2020	09/30/2021	\$1,299,851.00	Medical Expenses	
Total:						\$27,039,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020003

94	Sub-Recipient Organization (Transferee/Government Unit)*	CENTER SCHOOL DISTRICT 58-076280866
95	Transfer Number *	CT15582020003
96	Transfer Amount *	\$159,740.97
97	Transfer Date *	11/24/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$84,038.12	\$0.00	\$84,038.12
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$75,702.85	\$0.00	\$75,702.85
Total		\$0.00	\$159,740.97	\$0.00	\$159,740.97

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	03/01/2020	12/30/2020	\$84,038.12	Facilitating Distance Learning	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$75,702.85	Personal Protective Equipment	
Total:						\$159,740.97

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: JE115824-JCHD

34	Sub-Recipient Organization (Contractor)*	TRUMAN MEDICAL CENTER, INCORPORATED-073067407		
35	Contract Number*	JE115824-JCHD		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$11,597,938.85		
38	Contract Date *	04/06/2020		
39	Period of Performance Start Date *	04/06/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	2301 Holmes St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64108-2640		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	JACKSON COUNTY HEALT DEPARTMENT. COMMUNITY COVID-19 TESTING A ND CONTACT TRACING. FUNDING AUTHORIZED BY ORD 5326, 5333, 5340, 535 4, 5369, & 5491.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$5,085,583.83	\$11,597,938.85	\$5,085,583.83	\$11,597,938.85
Total		\$5,085,583.83	\$11,597,938.85	\$5,085,583.83	\$11,597,938.85

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	04/25/2020	09/01/2020	\$391,559.89	COVID-19 Testing and Cont act Tracing	
Line 2	TESTING - COVID-19 TESTING	04/25/2020	12/30/2020	\$1,847,547.23	COVID-19 Testing and Cont act Tracing	
Line 3	TESTING - COVID-19 TESTING	04/25/2020	03/31/2021	\$2,539,608.72	COVID-19 Testing and Cont act Tracing	
Line 4	TESTING - COVID-19 TESTING	04/06/2020	06/30/2021	\$729,432.54	COVID-19 Testing and Cont act Tracing	
Line 5	TESTING - COVID-19 TESTING	04/25/2020	09/30/2021	\$1,004,206.64	COVID-19 Testing and Cont act Tracing	
Total:						\$6,512,355.02

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	04/06/2020	12/31/2021	\$5,085,583.83	COVID-19 Testing and Cont act Tracing	
Total:						\$5,085,583.83

Sub Screen: Sub-Recipient: 184037658

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	184037658		Verified
22	Identification Number			
23	Legal Name*	HEALING HOUSE, INC.		
24	Address Line 1*	4505 SAINT JOHN AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64123-1838		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 148630788

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	148630788		Verified
22	Identification Number			
23	Legal Name*	HOMELESS SERVICES COALITION OF GREATER KANSAS CITY		
24	Address Line 1*	3200 WAYNE AVE STE 202		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64109-2062		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: ORD 5326,5333,5376,5367,5394

34	Sub-Recipient Organization (Contractor)*	ALIST LLC-080675198		
35	Contract Number*	ORD 5326,5333,5376,5367,5394		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$203,600.85		
38	Contract Date *	07/10/2020		
39	Period of Performance Start Date *	07/13/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	STAFFING FOR TAKING TEMPERATURE AND ASKING HEALTH QUESTIONS OF EMPLOYEES AND PUBLIC ENTERING BUILDING. AUTHORIZED BY ORD 5326,5333,5376,5367,5394.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$203,600.85	\$0.00	\$203,600.85
Line 2		\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$203,600.85	\$0.00	\$203,600.85

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	07/13/2020	12/31/2020	\$183,392.26	Payroll for Public Health and Safety Employees	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	07/13/2020	03/31/2021	\$20,208.59	Payroll for Public Health and Safety Employees	
Total:						\$203,600.85

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	BLUE SPRINGS R-IV SCHOOL DISTRICT-086047743
95	Transfer Number *	CT15582020001
96	Transfer Amount *	\$593,867.28
97	Transfer Date *	10/19/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$593,867.28	\$0.00	\$593,867.28
Total		\$0.00	\$593,867.28	\$0.00	\$593,867.28

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	07/13/2020	12/31/2020	\$593,867.28	Facilitating Distance Learning	
Total:						\$593,867.28

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: ORD 5326,533

34	Sub-Recipient Organization (Contractor)*	CONTROLLED ENVIRONMENT PRODUCTS, INC.-605653583		
35	Contract Number*	ORD 5326,533		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$106,423.17		
38	Contract Date *	11/05/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	PERSONAL PROTECTIVE EQUIPMENT. AUTHORIZED BY ORD 5326, 5333.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$106,423.17	\$0.00	\$106,423.17
Total		\$0.00	\$106,423.17	\$0.00	\$106,423.17

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	11/05/2020	12/30/2020	\$57,122.10	Personal Protective Equipme nt	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	11/05/2020	03/31/2021	\$49,301.07	Personal Protective Equipme nt	
Total:						\$106,423.17

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: ORD 5416 - FAMILY COURT DIVISION

94	Sub-Recipient Organization (Transferee/Government Unit)*	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI-962023177
95	Transfer Number *	ORD 5416 - FAMILY COURT DIVISION
96	Transfer Amount *	\$141,223.19
97	Transfer Date *	10/22/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	PAY COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5416 (FAMILY COURT DIVISION OF THE 16TH CIRCUIT COURT).

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$73,525.19	\$0.00	\$73,525.19
Line 2	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$67,698.00	\$0.00	\$67,698.00
Total		\$0.00	\$141,223.19	\$0.00	\$141,223.19

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$73,525.19	Personal Protective Equipment	
Line 2	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	12/30/2020	\$67,698.00	Improve Telework Capabilities of Public Employees	
Total:						\$141,223.19

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 029845096

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	029845096		
23	Legal Name*	INDEX STORE FIXTURES, DBA INDEX RESTURANT SUPPLY		
24	Address Line 1*	521 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64105-1224		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 079554920

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079554920		Verified
22	Identification Number			
23	Legal Name*	JONESZYLON COMPANY, LLC, THE		
24	Address Line 1*	300 N CENTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WEST LAFAYETTE		
28	State Code*	OH		
29	Zip+4*	43845-1002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Contract: ORD 5416

34	Sub-Recipient Organization (Contractor)*	D H PACE COMPANY, INC-835167672		
35	Contract Number*	ORD 5416		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$77,250.00		
38	Contract Date *	12/28/2020		
39	Period of Performance Start Date *	12/28/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	PERSONAL PROTECTIVE EQUIPMENT - TEMPERATURE PORTAL. AUTHORIZED BY ORD 5416		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$77,250.00	\$0.00	\$77,250.00
Total		\$0.00	\$77,250.00	\$0.00	\$77,250.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	12/28/2020	12/31/2020	\$77,250.00	Personal Protective Equipment	
Total:						\$77,250.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020005

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONSOLIDATED SCHOOL DISTRICT #4-067947267
95	Transfer Number *	CT15582020005
96	Transfer Amount *	\$277,662.11
97	Transfer Date *	12/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$78,432.00	\$0.00	\$78,432.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$49,720.25	\$0.00	\$49,720.25
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$149,509.86	\$0.00	\$149,509.86
Total		\$0.00	\$277,662.11	\$0.00	\$277,662.11

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	03/01/2020	12/30/2020	\$78,432.00	Facilitating Distance Learning	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$49,720.25	Personal Protective Equipment	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$149,509.86	Public Health Expenses	
Total:						\$277,662.11

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: ORD 5394,5445

34	Sub-Recipient Organization (Contractor)*	FRONTLINE GROUP LLC-117495489		
35	Contract Number*	ORD 5394,5445		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$112,966.08		
38	Contract Date *	05/21/2020		
39	Period of Performance Start Date *	05/21/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	PERSONAL PROTECTIVE EQUIPMENT. AUTHORIZED BY ORD 5394, 5445.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$112,966.08	\$0.00	\$112,966.08
Total		\$0.00	\$112,966.08	\$0.00	\$112,966.08

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	05/21/2020	12/10/2020	\$102,691.60	Personal Protective Equipment	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	05/21/2020	03/31/2021	\$3,369.38	Personal Protective Equipment	
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	05/21/2020	06/30/2021	\$6,905.10	Personal Protective Equipment	
Total:						\$112,966.08

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 847033917

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	847033917		Verified
22	Identification Number			
23	Legal Name*	K & M OFFICE PRODUCTS, INC.		
24	Address Line 1*	2015 WASHINGTON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64108-2139		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Transfer: CT15582020004

94	Sub-Recipient Organization (Transferee/Government Unit)*	INDEPENDENCE SCHOOL BOARD OF EDUCATION-076260082
95	Transfer Number *	CT15582020004
96	Transfer Amount *	\$845,334.02
97	Transfer Date *	11/18/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$12,148.21	\$0.00	\$12,148.21
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$117,284.25	\$0.00	\$117,284.25
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$92,949.74	\$0.00	\$92,949.74
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$386,309.40	\$0.00	\$386,309.40
Line 5	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$11,900.00	\$0.00	\$11,900.00
Line 6	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$224,742.42	\$0.00	\$224,742.42
Total		\$0.00	\$845,334.02	\$0.00	\$845,334.02

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	MEDEXP1 - MEDICAL EXPENSES	03/01/2020	12/30/2020	\$12,148.21	Medical Expenses	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$117,284.25	Personal Protective Equipment	
Line 3	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$92,949.74	Payroll for Public Health and Safety Employees	
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$386,309.40	Public Health Expenses	
Line 5	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	12/30/2020	\$11,900.00	Improve Telework Capabilities of Public Employees	
Line 6	FACDISTLEARN - FACILITATING DISTANCE LEARNING	03/01/2020	12/30/2020	\$224,742.42	Facilitating Distance Learning	
Total:						\$845,334.02

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure	Category Description	Delete

					Category*		
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 006997142

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	006997142		
23	Legal Name*	LOWE'S COMPANIES, INC, DBA LOWE'S HOME CENTERS		
24	Address Line 1*	1000 Lowes Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Mooresville		
28	State Code*	NC		
29	Zip+4*	28117-8520		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: ORD 5454

34	Sub-Recipient Organization (Contractor)*	PAYIT, LLC-117819520		
35	Contract Number*	ORD 5454		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$382,289.75		
38	Contract Date *	12/07/2020		
39	Period of Performance Start Date *	12/07/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	TRANSACTION FEE FOR TAXPAYERS FOR REAL ESTATE AND PERSONAL PROPERTY TAX PAYMENTS IN CONNECTION WITH THE FIGHT AGAINST THE ON GOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5454.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$83,975.50	\$382,289.75	\$83,975.50	\$382,289.75
Total		\$83,975.50	\$382,289.75	\$83,975.50	\$382,289.75

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/07/2020	12/31/2020	\$54,172.00	Public Health Expenses	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/07/2020	03/31/2021	\$244,142.25	Public Health Expenses	
Total:						\$298,314.25

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/07/2020	12/31/2021	\$83,975.50	Public Health Expenses		
Total:							\$83,975.50

Sub Screen: Transfer: CT15582020007

94	Sub-Recipient Organization (Transferee/Government Unit)*	LEE'S SUMMIT R-7 SCHOOL DISTRICT-080693591
95	Transfer Number *	CT15582020007
96	Transfer Amount *	\$654,931.45
97	Transfer Date *	12/05/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$535,603.47	\$0.00	\$535,603.47
Line 2	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$119,327.98	\$0.00	\$119,327.98
Total		\$0.00	\$654,931.45	\$0.00	\$654,931.45

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$535,603.47	Personal Protective Equipment	
Line 2	FACDISTLEARN - FACILITATING DISTANCE LEARNING	03/01/2020	12/30/2020	\$119,327.98	Facilitating Distance Learning	
Total:						\$654,931.45

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: ODR 5434,5458, RES 20549

34	Sub-Recipient Organization (Contractor)*	SHANE D SCOTT, DBA CONCIERGE TESTING SOLUTIONS-851050189		
35	Contract Number*	ODR 5434,5458, RES 20549		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$564,116.20		
38	Contract Date *	10/19/2020		
39	Period of Performance Start Date *	10/19/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COVIV-19 TESTING OF INMATES AND STAFF AT THE JACKSON COUNTY DTENTION CENTER, IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ODR 5434,5458, RES 20549.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$0.00	\$564,116.20	\$0.00	\$564,116.20
Total		\$0.00	\$564,116.20	\$0.00	\$564,116.20

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	11/19/2020	12/31/2020	\$564,116.20	COVID-19 Testing and Contact Tracing	
Total:						\$564,116.20

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15422020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	SUGAR CREEK, CITY OF-042270843
95	Transfer Number *	CT15422020001
96	Transfer Amount *	\$83,000.00
97	Transfer Date *	06/20/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	ACQUIRE SUPPLIES AND EQUIPMENT, MAKE MINOR BUILDING IMPROVEMENTS, AND PAY PUBLIC SAFETY OVERTIME AND OTHER COSTS NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5359.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$83,000.00	\$0.00	\$83,000.00
Total		\$0.00	\$83,000.00	\$0.00	\$83,000.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$13,000.00	Public Health Expenses	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	03/31/2021	\$70,000.00	Public Health Expenses	
Total:						\$83,000.00

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 155226558

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	155226558		Verified
22	Identification Number			
23	Legal Name*	MATTIE RHODES MEMORIAL SOCIETY, THE		
24	Address Line 1*	148 N TOPPING AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64123-1534		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: ORD 5398

34	Sub-Recipient Organization (Contractor)*	FORT OSAGE R1 SCHOOL DISTRICT-067949750		
35	Contract Number*	ORD 5398		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$255,118.02		
38	Contract Date *	11/20/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2101 N Twyman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Independence		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64058-3200		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$76,529.82	\$0.00	\$76,529.82
Line 2	BUDPERSERDIVERTE D PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	\$0.00	\$178,588.20	\$0.00	\$178,588.20
Total		\$0.00	\$255,118.02	\$0.00	\$255,118.02

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	11/20/2020	12/30/2020	\$76,529.82	Personal Protective Equipment	
Line 2	BUDPERSERDIVERTE D PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	11/20/2020	12/30/2020	\$178,588.20	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Total:						\$255,118.02

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Transfer: CT15482020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	LONE JACK, CITY OF-610942224
95	Transfer Number *	CT15482020001
96	Transfer Amount *	\$77,100.00
97	Transfer Date *	09/24/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	ACQUIRE SUPPLIES AND EQUIPMENT, MAKE MINOR BUILDING IMPROVEMENTS, AND PAY PUBLIC SAFETY OVERTIME AND OTHER COSTS NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5359.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$35,910.00	\$0.00	\$35,910.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$17,400.00	\$0.00	\$17,400.00
Line 3	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$23,790.00	\$0.00	\$23,790.00
Total		\$0.00	\$77,100.00	\$0.00	\$77,100.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	09/24/2020	03/31/2021	\$35,910.00	Public Health Expenses	
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	09/24/2020	03/31/2021	\$17,400.00	Personal Protective Equipment	
Line 4	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	09/24/2020	03/31/2021	\$23,790.00	Facilitating Distance Learning	
Total:						\$77,100.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 095043139

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	095043139		Verified
22	Identification Number			
23	Legal Name*	GUADALUPE CENTERS, INC.		
24	Address Line 1*	1015 AVENIDA CESAR E CHAVEZ		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64108-2235		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input checked="" type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 073134231

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073134231		Verified
22	Identification Number			
23	Legal Name*	KANSAS CITY, MISSOURI, CITY OF		
24	Address Line 1*	414 E 12TH ST STE 105		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64106-2705		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Transfer: CT15582020002

94	Sub-Recipient Organization (Transferee/Government Unit)*	GRAIN VALLEY R-V SCHOOL DISTRICT-093921302
95	Transfer Number *	CT15582020002
96	Transfer Amount *	\$167,916.38
97	Transfer Date *	10/20/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$59,056.44	\$0.00	\$59,056.44
Line 2	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$102,510.14	\$0.00	\$102,510.14
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$6,349.80	\$0.00	\$6,349.80
Total		\$0.00	\$167,916.38	\$0.00	\$167,916.38

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	10/20/2020	03/31/2021	\$59,056.44	Personal Protective Equipment	
Line 3	FACDISTLEARN - FACILITATING DISTANCE LEARNING	10/20/2020	03/31/2021	\$102,510.14	Improve Telework Capabilities of Public Employees	
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/20/2020	03/31/2021	\$6,349.80	Public Health Expenses	
Total:						\$167,916.38

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT80022020002

34	Sub-Recipient Organization (Contractor)*	HARVESTERS - THE COMMUNITY FOOD NETWORK-167046432		
35	Contract Number*	CT80022020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$500,000.00		
38	Contract Date *	09/24/2020		
39	Period of Performance Start Date *	09/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3801 Topping Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64129-1744		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	INSURING THAT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC IMPACT IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5371.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$500,000.00	\$0.00	\$500,000.00
Total		\$0.00	\$500,000.00	\$0.00	\$500,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	09/24/2020	12/30/2020	\$500,000.00	Food Programs	
Total:						\$500,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT77132020003

34	Sub-Recipient Organization (Contractor)*	SAMUEL U RODGERS HEALTH CENTER, INC.-073053910		
35	Contract Number*	CT77132020003		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,099,000.00		
38	Contract Date *	11/20/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/22/2021		
41	Primary Place of Performance Address Line 1 *	825 Euclid Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64124-2323		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COMPENSATE FOR UNANTICIPATED COST NECESSARY IN CONNECTIN WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY O RDINANCE 5401 and Resolution 20737.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICAT IONS	\$74,000.00	\$1,099,000.00	\$74,000.00	\$1,099,000.00
Total		\$74,000.00	\$1,099,000.00	\$74,000.00	\$1,099,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICAT IONS	11/20/2020	12/30/2020	\$1,025,000.00	Public Health Expenses	
Total:						\$1,025,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICAT IONS	11/20/2020	12/22/2021	\$74,000.00	Public Health Expenses		
Total:							\$74,000.00

Sub Screen: Sub-Recipient: 968704994

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	968704994		Verified
22	Identification Number			
23	Legal Name*	BINSWANGER ENTERPRISES, LLC		
24	Address Line 1*	965 RIDGE LAKE BLVD STE 305		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MEMPHIS		
28	State Code*	TN		
29	Zip+4*	38120-9401		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Transfer: CT15582020011

94	Sub-Recipient Organization (Transferee/Government Unit)*	HICKMAN MILLS C-1 SCHOOL DISTRICT-067947507
95	Transfer Number *	CT15582020011
96	Transfer Amount *	\$397,936.26
97	Transfer Date *	12/23/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$397,936.26	\$187,348.03	\$397,936.26
Total		\$0.00	\$397,936.26	\$187,348.03	\$397,936.26

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	12/23/2020	03/31/2021	\$210,588.23	Personal Protective Equipment	
Total:						\$210,588.23

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	12/23/2020	12/17/2021	\$187,348.03	Personal Protective Equipment		
Total:							\$187,348.03

Sub Screen: Sub-Recipient: 082132333

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	082132333		Verified
22	Identification Number			
23	Legal Name*	CENTRAL JACKSON COUNTY FIRE PROTECTION DISTRICT		
24	Address Line 1*	805 NE JEFFERSON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLUE SPRINGS		
28	State Code*	MO		
29	Zip+4*	64014-2132		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Contract: CT76012020005

34	Sub-Recipient Organization (Contractor)*	SWOPE HEALTH SERVICES-076271428		
35	Contract Number*	CT76012020005		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$3,400,000.00		
38	Contract Date *	11/17/2020		
39	Period of Performance Start Date *	11/17/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	3801 Blue Pkwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64130-2807		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COMPENSATE FOR UNANTICIPATED COST NECESSARY IN CONNECTIN WITH THE FIGHT AGIANST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY O RDINANCE 5401.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$0.00	\$564,998.00	\$0.00	\$564,998.00
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$1,074,627.00	\$0.00	\$1,074,627.00
Line 3	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$0.00	\$1,760,375.00	\$0.00	\$1,760,375.00
Total		\$0.00	\$3,400,000.00	\$0.00	\$3,400,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	11/17/2020	12/30/2020	\$438,639.00	COVID-19 Testing and Contact Tracing	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	11/17/2020	12/30/2020	\$1,035,093.00	Public Health Expenses	
Line 3	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	11/17/2020	12/30/2020	\$466,449.00	Public Health Expenses	
Line 4	TESTING - COVID-19 TESTING	11/17/2020	03/31/2021	\$10,931.00	COVID-19 Testing and Contact Tracing	
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	11/17/2020	03/31/2021	\$69,415.00	Public Health Expenses	
Line 6	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	11/17/2020	03/31/2021	\$285,282.00	Public Health Expenses	
Line 7	PUBHLT1 - PUBLIC HEALTH EXPENSES	11/17/2020	06/30/2021	\$61,870.00	Public Health Expenses	
Line 8	PUBHLTHBLDG - PUBLIC HEALTH	11/17/2020	06/30/2021	\$655,966.00	Public Health Expenses	

	BLDG MODIFICATIONS					
Line 9	PUBHLT1 - PUBLIC HEALTH EXPENSES	11/17/2020	09/30/2021	-\$91,751.00	Public Health Expenses	
Line 10	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	11/17/2020	09/30/2021	\$352,678.00	Public Health Expenses	
Line 11	TESTING - COVID-19 TESTING	11/17/2020	09/30/2021	\$115,428.00	COVID-19 Testing and Contact Tracing	
Total:						\$3,400,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020012

94	Sub-Recipient Organization (Transferee/Government Unit)*	KANSAS CITY 33-043667385
95	Transfer Number *	CT15582020012
96	Transfer Amount *	\$1,062,331.06
97	Transfer Date *	12/29/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$0.00	\$0.00	\$0.00
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$328,144.36	\$0.00	\$328,144.36
Line 3	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$370,750.00	\$0.00	\$370,750.00
Line 4	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$363,436.70	\$0.00	\$363,436.70
Total		\$0.00	\$1,062,331.06	\$0.00	\$1,062,331.06

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/29/2020	03/31/2021	\$328,144.36	Public Health Expenses	
Line 3	FACDISTLEARN - FACILITATING DISTANCE LEARNING	12/29/2020	03/31/2021	\$370,750.00	Facilitating Distance Learning	
Line 4	PPE1 - PERSONAL PROTECTIVE EQ	12/29/2020	03/31/2021	\$363,436.70	Personal Protective Equipment	
Total:						\$1,062,331.06

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 117845144

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117845144		Verified
22	Identification Number			
23	Legal Name*	GRAIN VALLEY, CITY OF		
24	Address Line 1*	711 S MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAIN VALLEY		
28	State Code*	MO		
29	Zip+4*	64029-9777		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT50272020001

34	Sub-Recipient Organization (Contractor)*	UNITED WAY OF GREATER KANSAS CITY, INC.-076282102		
35	Contract Number*	CT50272020001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,500,000.00		
38	Contract Date *	10/05/2020		
39	Period of Performance Start Date *	10/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1080 Washington St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64105-2216		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	SUPPORT EVICTION PRIVENTION PROGAM IN CONNECTION WITH TH EFIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5391.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	HOUSING1 - HOUSING SUPPORT	\$0.00	\$1,500,000.00	\$0.00	\$1,500,000.00
Total		\$0.00	\$1,500,000.00	\$0.00	\$1,500,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	HOUSING1 - HOUSING SUPPORT	10/05/2020	12/30/2020	\$1,500,000.00	Housing Support	
Total:						\$1,500,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020008

94	Sub-Recipient Organization (Transferee/Government Unit)*	OAK GROVE SCHOOL DISTRICT-780571910
95	Transfer Number *	CT15582020008
96	Transfer Amount *	\$82,676.60
97	Transfer Date *	12/14/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$34,411.59	\$0.00	\$34,411.59
Line 2	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$0.00	\$48,265.01	\$0.00	\$48,265.01
Total		\$0.00	\$82,676.60	\$0.00	\$82,676.60

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	12/14/2020	03/31/2021	\$34,411.59	Personal Protective Equipment	
Line 3	FACDISTLEARN - FACILITATING DISTANCE LEARNING	12/14/2020	03/31/2021	\$48,265.01	Facilitating Distance Learning	
Total:						\$82,676.60

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Transfer: CT15582020010

94	Sub-Recipient Organization (Transferee/Government Unit)*	CONSOLIDATED SCHOOL DISTRICT NO.2-150952505
95	Transfer Number *	CT15582020010
96	Transfer Amount *	\$481,460.16
97	Transfer Date *	12/21/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	INTERGOVERNMENTAL AGREEMENT WITH SCHOOL DISTRICT FOR UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORD 5398.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	MEDEXP1 - MEDICAL EXPENSES	\$0.00	\$95,017.96	\$0.00	\$95,017.96
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$354,118.82	\$0.00	\$354,118.82
Line 3	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$32,323.38	\$0.00	\$32,323.38
Total		\$0.00	\$481,460.16	\$0.00	\$481,460.16

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	MEDEXP1 - MEDICAL EXPENSES	12/21/2020	03/31/2021	\$95,017.96	Medical Expenses	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/21/2020	03/31/2021	\$354,118.82	Public Health Expenses	
Line 4	PPE1 - PERSONAL PROTECTIVE EQ	12/21/2020	03/31/2021	\$32,323.38	Personal Protective Equipment	
Total:						\$481,460.16

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT77112020002

34	Sub-Recipient Organization (Contractor)*	COMMUNITY SERVICES LEAGUE OF JACKSON COUNTY-171556681		
35	Contract Number*	CT77112020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$100,000.00		
38	Contract Date *	11/16/2020		
39	Period of Performance Start Date *	11/16/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	404 N Noland Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Independence		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64050-3057		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE TH AT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC I MPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$100,000.00	\$0.00	\$96,672.41
Total		\$0.00	\$100,000.00	\$0.00	\$96,672.41

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	FOODPROGRAM - FOOD PROGRAMS	11/16/2020	06/30/2021	\$83,040.00	Food Programs	
Line 3	FOODPROGRAM - FOOD PROGRAMS	11/16/2020	09/30/2021	\$13,632.41	Housing Support	
Total:						\$96,672.41

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 030715056

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030715056		Verified
22	Identification Number			
23	Legal Name*	GRANDVIEW, CITY OF		
24	Address Line 1*	1200 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRANDVIEW		
28	State Code*	MO		
29	Zip+4*	64030-2459		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Transfer: CT15462020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	BLUE SPRINGS, CITY OF-010660025
95	Transfer Number *	CT15462020001
96	Transfer Amount *	\$3,327,324.00
97	Transfer Date *	10/20/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5372.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	-\$6,373.00	\$93,627.00	\$125.00	\$93,627.00
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	-\$840,629.00	\$636,695.00	\$0.00	\$636,695.00
Line 3	BUDPERSERDIVERTE D PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	-\$51,126.00	\$98,874.00	\$0.00	\$98,874.00
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$898,128.00	\$2,198,128.00	\$1,030,729.00	\$2,198,128.00
Line 5	ECONSUPPORT - ECONOMIC SUPPORT (OTHER THAN SMALL BUSINESS, HOUSING, AND FOOD ASSISTANCE)	\$0.00	\$0.00	\$0.00	\$0.00
Line 6	HOUSING1 - HOUSING SUPPORT	\$0.00	\$300,000.00	\$0.00	\$300,000.00
Total		\$0.00	\$3,327,324.00	\$1,030,854.00	\$3,327,324.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	10/20/2020	12/30/2020	\$83,125.00	Personal Protective Equipment	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	10/20/2020	12/30/2020	\$642,925.92	Payroll for Public Health and Safety Employees	
Line 3	BUDPERSERDIVERTE D PERSONNEL AND SERVICES DIVERTED TO SUBSTANTIALLY DIFFERENT USE	10/20/2020	12/30/2020	\$98,874.00	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 4	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/20/2020	12/30/2020	\$29,727.00	Public Health Expenses	
Line 5	HOUSING1 - HOUSING SUPPORT	10/20/2020	12/30/2020	\$300,000.00	Housing Support	
Line 6	PPE1 - PERSONAL PROTECTIVE EQ	10/20/2020	03/31/2021	\$1,595.00	Personal Protective Equipment	

Line 7	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/20/2020	03/31/2021	\$9,966.00	Public Health Expenses	
Line 8	PPE1 - PERSONAL PROTECTIVE EQ	11/25/2020	06/30/2021	\$7,799.64	Personal Protective Equipment	
Line 9	PUBHLT1 - PUBLIC HEALTH EXPENSES	11/25/2020	06/30/2021	\$815,755.91	Public Health Expenses	
Line 10	PPE1 - PERSONAL PROTECTIVE EQ	10/20/2020	09/30/2021	\$982.36	Personal Protective Equipment	
Line 11	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	10/20/2020	09/30/2021	-\$6,230.92	Payroll for Public Health and Safety Employees	
Line 12	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/20/2020	09/30/2021	\$311,950.09	Public Health Expenses	
Total:						\$2,296,470.00

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	10/20/2020	12/31/2021	\$125.00	Personal Protective Equipment		
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/20/2020	12/31/2021	\$1,030,729.00	Public Health Expenses		
Total:							\$1,030,854.00

Sub Screen: Contract: CT15262020015

34	Sub-Recipient Organization (Contractor)*	CALVARY COMMUNITY OUTREACH NETWORK-780525833		
35	Contract Number*	CT15262020015		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	12/23/2020		
39	Period of Performance Start Date *	12/23/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3002 Holmes St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64109-1434		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE THAT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC IMPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$50,000.00	\$0.00	\$40,960.77
Total		\$0.00	\$50,000.00	\$0.00	\$40,960.77

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	12/23/2020	12/30/2020	\$1,200.00	Food Programs	
Line 2	FOODPROGRAM - FOOD PROGRAMS	12/23/2020	03/31/2021	\$39,760.77	Food Programs	
Total:						\$40,960.77

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 030715478

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030715478		Verified
22	Identification Number			
23	Legal Name*	LEE'S SUMMIT, CITY OF		
24	Address Line 1*	220 SE GREEN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEES SUMMIT		
28	State Code*	MO		
29	Zip+4*	64063-2313		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 03071448

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	03071448		
23	Legal Name*	RAYTOWN, CITY OF		
24	Address Line 1*	10000 E 59th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Raytown		
28	State Code*	MO		
29	Zip+4*	64133-3915		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contract: CT1526202012

34	Sub-Recipient Organization (Contractor)*	EDUCATION FIRST-016960039		
35	Contract Number*	CT1526202012		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$60,710.58		
38	Contract Date *	12/03/2020		
39	Period of Performance Start Date *	12/03/2020		
40	Period of Performance End Date *	12/16/2021		
41	Primary Place of Performance Address Line 1 *	1408 E 99th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64131-3307		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE THAT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC IMPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$10,710.58	\$60,710.58	\$60,710.58	\$60,710.58
Total		\$10,710.58	\$60,710.58	\$60,710.58	\$60,710.58

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	12/03/2020 12/16/2021	\$60,710.58	Food Programs		
Total:						\$60,710.58

Sub Screen: Transfer: CT15532020002

94	Sub-Recipient Organization (Transferee/Government Unit)*	Greenwood, City of-007540081
95	Transfer Number *	CT15532020002
96	Transfer Amount *	\$347,638.00
97	Transfer Date *	11/20/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5372.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	-\$41,711.85	\$22,926.15	\$8,235.92	\$22,926.15
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	-\$32,530.40	\$39,469.60	\$2,588.74	\$39,469.60
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$62,814.10	\$166,271.37	\$62,814.10	\$166,271.37
Line 4	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$35,010.09	\$55,010.09	\$37,601.38	\$55,010.09
Line 5	TESTING - COVID-19 TESTING	-\$2,100.30	\$899.70	\$899.70	\$899.70
Line 6	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$3,518.36	\$63,061.09	\$18,527.98	\$63,061.09
Line 7	SMALLBUS - SMALL BUSINESS ASSISTANCE	-\$25,000.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$347,638.00	\$130,667.82	\$347,638.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$13,071.72	Personal Protective Equipment	
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$32,268.05	Payroll for Public Health and Safety Employees	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$51,713.90	Public Health Expenses	
Line 4	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	03/01/2020	12/30/2020	\$17,059.92	Public Health Expenses	
Line 5	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/01/2020	12/30/2020	\$31,782.11	Improve Telework Capabilities of Public Employees	
Line 6	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	03/31/2021	\$4,612.81	Payroll for Public Health and Safety Employees	
Line 7	PUBHLTHBLDG -	03/01/2020	03/31/2021	\$348.79	Public Health Expenses	

	PUBLIC HEALTH BLDG MODIFICATIONS					
Line 8	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	03/31/2021	\$809.89	Personal Protective Equipment	
Line 9	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	03/01/2020	03/31/2021	\$3,252.48	Improve Telework Capabilities of Public Employees	
Line 10	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	03/31/2021	\$3,593.10	Public Health Expenses	
Line 11	PPE1 - PERSONAL PROTECTIVE EQ	03/08/2021	06/30/2021	\$315.91	Personal Protective Equipment	
Line 12	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/08/2021	06/30/2021	\$1,962.15	Public Health Expenses	
Line 13	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	03/08/2021	06/30/2021	\$8,680.00	Improve Telework Capabilities of Public Employees	
Line 14	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	09/30/2021	\$492.71	Personal Protective Equipment	
Line 15	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	09/30/2021	\$46,188.12	Public Health Expenses	
Line 16	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	03/01/2020	09/30/2021	\$818.52	Improve Telework Capabilities of Public Employees	
Total:						\$216,970.18

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/31/2021	\$8,235.92	Personal Protective Equipment		
Line 2	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/31/2021	\$2,588.74	Payroll for Public Health and Safety Employees		
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/31/2021	\$62,814.10	Public Health Expenses		
Line 4	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	03/01/2020	12/31/2021	\$37,601.38	Public Health Expenses		
Line 5	TESTING - COVID-19 TESTING	03/01/2020	12/31/2021	\$899.70	COVID-19 Testing and Contact Tracing		
Line 6	TELWORK1 - TELEWORK CAPABILITIES FOR PUB EMP	03/01/2020	12/31/2021	\$18,527.98	Improve Telework Capabilities of Public Employees		
Total:							\$130,667.82

Sub Screen: Contract: CT15262020010

34	Sub-Recipient Organization (Contractor)*	MACEDONIA BAPTIST CHURCH-969551027		
35	Contract Number*	CT15262020010		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	11/23/2020		
39	Period of Performance Start Date *	11/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1700 E Linwood Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64109-2002		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE TH AT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC I MPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$50,000.00	\$0.00	\$50,000.00
Total		\$0.00	\$50,000.00	\$0.00	\$50,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/23/2020	12/30/2020	\$50,000.00	Food Programs	
Total:						\$50,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 962023177

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	962023177		
23	Legal Name*	CIRCUIT COURT OF JACKSON COUNTY, MISSOURI		
24	Address Line 1*	415 E 12th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64106-2706		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input checked="" type="checkbox"/>	State Government	
		<input checked="" type="checkbox"/>	County Government	
		<input type="checkbox"/>	City or Township Government	
		<input checked="" type="checkbox"/>	Special District Government	
		<input type="checkbox"/>	Independent School District	
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/>	Public/Indian Housing Authority	
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/>	Private Institution of Higher Education	
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/>	Small Business	
		<input type="checkbox"/>	Hispanic-serving Institution	
		<input type="checkbox"/>	Historically Black College or University (HBCU)	
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/>	Other	

Sub Screen: Transfer: CT15472020001

94	Sub-Recipient Organization (Transferee/Government Unit)*	OAK GROVE, CITY OF-610941952
95	Transfer Number *	CT15472020001
96	Transfer Amount *	\$492,164.00
97	Transfer Date *	09/17/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5372.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	\$0.00	\$430,164.00	\$0.00	\$430,164.00
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	\$0.00	\$17,000.00	\$0.00	\$17,000.00
Line 3	HOUSING1 - HOUSING SUPPORT	\$0.00	\$25,000.00	\$0.00	\$25,000.00
Line 4	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMP	\$0.00	\$6,500.00	\$0.00	\$6,500.00
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$13,500.00	\$0.00	\$13,500.00
Total		\$0.00	\$492,164.00	\$0.00	\$492,164.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PAYROLLPUBHLT-SAFETY EMP - PAYROLL FOR PUBLIC HEALTH AND SAFETY EMP	03/01/2020	12/30/2020	\$430,164.00	Payroll for Public Health and Safety Employees	
Line 2	PPE1 - PERSONAL PROTECTIVE EQ	03/01/2020	12/30/2020	\$17,000.00	Personal Protective Equipment	
Line 3	HOUSING1 - HOUSING SUPPORT	03/01/2020	12/30/2020	\$25,000.00	Housing Support	
Line 4	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMP	03/01/2020	12/30/2020	\$6,500.00	Improve Telework Capabilities of Public Employees	
Line 5	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/01/2020	12/30/2020	\$13,500.00	Public Health Expenses	
Total:						\$492,164.00

Current Quarter Expenditures

	102 A	102 B		102 C	102 D	102 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
Total:						\$0.00

Sub Screen: Sub-Recipient: 076259456

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076259456		Verified
22	Identification Number			
23	Legal Name*	INDEPENDENCE, CITY OF		
24	Address Line 1*	111 E MAPLE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64050-3066		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Transfer: RES 20447 & RES 20590

94	Sub-Recipient Organization (Transferee/Government Unit)*	RAYTOWN FIRE PROTECTION DISTRICT-021207550
95	Transfer Number *	RES 20447 & RES 20590
96	Transfer Amount *	\$364,694.00
97	Transfer Date *	06/22/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	REIMBURSE FOR UNANTICIPATED EXPENSES NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZE D BY RESOLUTIONS 20447 AND 20590.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$364,694.00	\$0.00	\$364,694.00
Total		\$0.00	\$364,694.00	\$0.00	\$364,694.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	06/22/2020	06/30/2021	\$197,807.36	Public Health Expenses	
Line 3	PUBHLT1 - PUBLIC HEALTH EXPENSES	06/22/2020	09/30/2021	\$166,886.64	Public Health Expenses	
Total:						\$364,694.00

Current Quarter Expenditures

	102 A	102 B	102 C	102 D	102 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT26262020008

34	Sub-Recipient Organization (Contractor)*	KANSAS CITY METROPOLITAN LUTHERAN MINISTRY-084890904		
35	Contract Number*	CT26262020008		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	11/20/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3031 Holmes St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64109-1435		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE TH AT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC I MPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$50,000.00	\$0.00	\$50,000.00
Total		\$0.00	\$50,000.00	\$0.00	\$50,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	12/30/2020	\$50,000.00	Food Programs	
Total:						\$50,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT77062020002

34	Sub-Recipient Organization (Contractor)*	ONE GOOD MEAL-074089330		
35	Contract Number*	CT77062020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$70,000.00		
38	Contract Date *	10/20/2020		
39	Period of Performance Start Date *	10/20/2020		
40	Period of Performance End Date *	11/10/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 2222		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lees Summit		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64063-7222		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE THAT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC IMPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$70,000.00	\$70,000.00	\$70,000.00
Total		\$0.00	\$70,000.00	\$70,000.00	\$70,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	10/20/2020 11/10/2021	\$70,000.00	Food Programs		
Total:						\$70,000.00

Sub Screen: Sub-Recipient: 010660025

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010660025		Verified
22	Identification Number			
23	Legal Name*	BLUE SPRINGS, CITY OF		
24	Address Line 1*	903 WEST MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLUE SPRINGS		
28	State Code*	MO		
29	Zip+4*	64015-3709		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 610941952

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	610941952		Verified
22	Identification Number			
23	Legal Name*	OAK GROVE, CITY OF		
24	Address Line 1*	2110 S BROADWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OAK GROVE		
28	State Code*	MO		
29	Zip+4*	64075-9361		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT15262020009

34	Sub-Recipient Organization (Contractor)*	SISTERS IN CHRIST-110891446		
35	Contract Number*	CT15262020009		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	11/23/2020		
39	Period of Performance Start Date *	11/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	6317 Evanston Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Raytown		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64133-4929		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE TH AT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC I MPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$50,000.00	\$0.00	\$50,000.00
Total		\$0.00	\$50,000.00	\$0.00	\$50,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/23/2020	12/30/2020	\$50,000.00	Food Programs	
Total:						\$50,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 042270843

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	042270843		Verified
22	Identification Number			
23	Legal Name*	SUGAR CREEK, CITY OF		
24	Address Line 1*	103 S STERLING AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64054-1214		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT15262020007

34	Sub-Recipient Organization (Contractor)*	Tech Assist Guide Shower for Humanity (TAGS)-117837527		
35	Contract Number*	CT15262020007		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$79,198.63
38	Contract Date *	11/20/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/10/2021		
41	Primary Place of Performance Address Line 1 *	111 W 10th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64105-1700		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO FOOD BANKS AND OTHER FOOD PROVIDERS TO INSURE TH AT FOOD INSECURITY IS MINIMIZED IN THE WAKE OF THE FULL ECONOMIC I MPACT OF THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5420.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$9,198.63	\$79,198.63	\$9,198.63	\$79,198.63
Total		\$9,198.63	\$79,198.63	\$9,198.63	\$79,198.63

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	12/30/2020	\$19,875.15	Food Programs	
Line 2	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	03/31/2021	\$30,124.85	Food Programs	
Line 3	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	06/30/2021	\$11,833.04	Food Programs	
Line 4	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	09/30/2021	\$8,166.96	Food Programs	
Total:						\$70,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/20/2020	12/10/2021	\$9,198.63	Food Programs		
Total:							\$9,198.63

Sub Screen: Sub-Recipient: 086047743

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086047743		Verified
22	Identification Number			
23	Legal Name*	BLUE SPRINGS R-IV SCHOOL DISTRICT		
24	Address Line 1*	1801 NW VESPER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLUE SPRINGS		
28	State Code*	MO		
29	Zip+4*	64015-3219		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT76172020001

34	Sub-Recipient Organization (Contractor)*	HOPE HOUSE, INC.-948450614		
35	Contract Number*	CT76172020001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$65,000.00		
38	Contract Date *	12/21/2020		
39	Period of Performance Start Date *	12/21/2020		
40	Period of Performance End Date *	12/30/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 577		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lees Summit		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64063-0577		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	ALLOCATION TO AMONG THE DOMESTIC VIOLENCE SHELTERS IN THE CONNECTION WITH THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5474.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	HOUSING1 - HOUSING SUPPORT	\$0.00	\$65,000.00	\$65,000.00	\$65,000.00
Total		\$0.00	\$65,000.00	\$65,000.00	\$65,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	HOUSING1 - HOUSING SUPPORT	12/21/2020 12/30/2021	\$65,000.00	Housing Support		
Total:						\$65,000.00

Sub Screen: Sub-Recipient: 076280866

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076280866		Verified
22	Identification Number			
23	Legal Name*	CENTER SCHOOL DISTRICT 58		
24	Address Line 1*	8701 HOLMES RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64131-2802		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT76102020001

34	Sub-Recipient Organization (Contractor)*	NEWHOUSE-794535559		
35	Contract Number*	CT76102020001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$65,000.00
38	Contract Date *	12/23/2020		
39	Period of Performance Start Date *	12/23/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 240014		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64124-0014		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO AMOUNG THE DOMESTIC VIOLENCE SHELTERS IN THE CONNECTION WITH THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5474.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	HOUSING1 - HOUSING SUPPORT	\$0.00	\$65,000.00	\$0.00	\$65,000.00
Total		\$0.00	\$65,000.00	\$0.00	\$65,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	HOUSING1 - HOUSING SUPPORT	12/23/2020	03/31/2021	\$65,000.00	Housing Support	
Total:						\$65,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: CT77182020002

34	Sub-Recipient Organization (Contractor)*	ROSE BROOKS CENTER, INC.-134954437		
35	Contract Number*	CT77182020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$65,000.00
38	Contract Date *	12/23/2020		
39	Period of Performance Start Date *	12/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 320599		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64132-0599		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	ALLOCATION TO AMONG THE DOMESTIC VIOLENCE SHELTERS IN THE CONNECTION WITH THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5474.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	HOUSING1 - HOUSING SUPPORT	\$0.00	\$65,000.00	\$0.00	\$65,000.00
Total		\$0.00	\$65,000.00	\$0.00	\$65,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	HOUSING1 - HOUSING SUPPORT	12/23/2020	12/30/2020	\$65,000.00	Housing Support	
Total:						\$65,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 067949750

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	067949750		Verified
22	Identification Number			
23	Legal Name*	FORT OSAGE R1 SCHOOL DISTRICT		
24	Address Line 1*	2101 N TWYMAN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64058-3200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 093921302

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	093921302		Verified
22	Identification Number			
23	Legal Name*	GRAIN VALLEY R-V SCHOOL DISTRICT		
24	Address Line 1*	31606 NE PINK HILL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAIN VALLEY		
28	State Code*	MO		
29	Zip+4*	64029-9296		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT15592020001

34	Sub-Recipient Organization (Contractor)*	CONSOLIDATED LIBRARY DISTRICT NO. 3-067944538		
35	Contract Number*	CT15592020001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	10/08/2020		
39	Period of Performance Start Date *	10/08/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	15616 E US Highway 24		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Independence		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64050-2057		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			5
50	Contract Description *	IMPLEMENT A HOTSPOT LENDING PROGRAM TO FACILITATE ADDITIOANL I NTERNET CONNECTIVITY FOR STUDENT OF HIGHER EDUCATION IN CONNEC TION WITH THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5389. NOTE: dba "Mid-Continent Public Library"		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DI STANCE LEARNIN G	\$0.00	\$50,000.00	\$0.00	\$50,000.00
Total		\$0.00	\$50,000.00	\$0.00	\$50,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FACDISTLEARN - FACILITATING DI STANCE LEARNIN G	10/08/2020	12/30/2020	\$45,864.00	Facilitating Distance Learnin g	
Line 2	FACDISTLEARN - FACILITATING DI STANCE LEARNIN G	10/08/2020	09/30/2021	\$4,136.00	Facilitating Distance Learnin g	
Total:						\$50,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient: 067947267

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	067947267		Verified
22	Identification Number			
23	Legal Name*	CONSOLIDATED SCHOOL DISTRICT #4		
24	Address Line 1*	13015 TENTH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRANDVIEW		
28	State Code*	MO		
29	Zip+4*	64030-2401		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: CT1572020001

34	Sub-Recipient Organization (Contractor)*	KANSAS CITY PUBLIC LIBRARY-120546841		
35	Contract Number*	CT1572020001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$50,000.00
38	Contract Date *	12/23/2020		
39	Period of Performance Start Date *	12/23/2020		
40	Period of Performance End Date *	12/22/2021		
41	Primary Place of Performance Address Line 1 *	14 W 10th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64105-1702		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			5
50	Contract Description *	IMPLEMENT A HOTSPOT LENDING PROGRAM TO FACILITATE ADDITIOANL I NTERNET CONNECTIVITY FOR STUDENT OF HIGHER EDUCATION IN CONNEC TION WITH THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANC E 5389.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DI STANCE LEARNIN G	\$0.00	\$50,000.00	\$50,000.00	\$50,000.00
Total		\$0.00	\$50,000.00	\$50,000.00	\$50,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	Delete
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	
Line 1	FACDISTLEARN - FACILITATING DI STANCE LEARNIN G	12/23/2020 12/22/2021	\$50,000.00	Facilitating Distance Learnin g		
Total:						\$50,000.00

Sub Screen: Contract: ORD 5402 & 5422

34	Sub-Recipient Organization (Contractor)*	JACKSON COUNTY BOARD OF ELECTIONS-624391207		
35	Contract Number*	ORD 5402 & 5422		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$100,000.00		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	251 N Liberty St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Independence		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64050-2846		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	MAKE FUNDS AVAILABLE TO PAY OTHER COST NECESS IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5422.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$100,000.00	\$0.00	\$100,000.00
Total		\$0.00	\$100,000.00	\$0.00	\$100,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	09/28/2020	12/30/2020	\$100,000.00	Public Health Expenses	
Total:						\$100,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 067947507

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	067947507		Verified
22	Identification Number			
23	Legal Name*	HICKMAN MILLS C-1 SCHOOL DISTRICT		
24	Address Line 1*	5401 E 103RD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64137-1365		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 076260082

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076260082		Verified
22	Identification Number			
23	Legal Name*	INDEPENDENCE SCHOOL BOARD OF EDUCATION		
24	Address Line 1*	201 N FOREST AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64050-2696		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: ORD 5422

34	Sub-Recipient Organization (Contractor)*	KANSAS CITY BOARD OF ELECTIONS-080388298		
35	Contract Number*	ORD 5422		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$100,000.00		
38	Contract Date *	10/19/2020		
39	Period of Performance Start Date *	10/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	30 W Pershing Rd		
42	Primary Place of Performance Address Line 2	SUITE 2800		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64108-2410		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	MAKE FUNDS AVAILABLE TO PAY OTHER COST NECESS IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. AUTHORIZED BY ORDINANCE 5422.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$100,000.00	\$0.00	\$100,000.00
Total		\$0.00	\$100,000.00	\$0.00	\$100,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	10/19/2020	12/30/2020	\$100,000.00	Public Health Expenses	
Total:						\$100,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contract: CT77042020002

34	Sub-Recipient Organization (Contractor)*	KANSAS CITY CARE CLINIC-787466010		
35	Contract Number*	CT77042020002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,165,000.00		
38	Contract Date *	12/30/2020		
39	Period of Performance Start Date *	12/30/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3515 Broadway Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64111-2501		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	UNANTICIPATED COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE ONGOING CORONAVIRUS/COVID-19 PANDEMIC. FUNDING AUTHORIZED BY ORDINANCE 5401.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$1,165,000.00	\$0.00	\$1,165,000.00
Total		\$0.00	\$1,165,000.00	\$0.00	\$1,165,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	12/30/2020	03/31/2021	\$1,165,000.00	Public Health Expenses	
Total:						\$1,165,000.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			X
Total:							\$0.00

Sub Screen: Sub-Recipient: 043667385

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	043667385		Verified
22	Identification Number			
23	Legal Name*	KANSAS CITY 33		
24	Address Line 1*	2901 TROOST AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64109-1538		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: RES 20077

34	Sub-Recipient Organization (Contractor)*	CONVERGEONE LLC-117001681		
35	Contract Number*	RES 20077		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$253,719.17		
38	Contract Date *	03/16/2020		
39	Period of Performance Start Date *	03/16/2020		
40	Period of Performance End Date *	12/02/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	IMPROVE REMOTE WORK CAPABILITIES AND COMMUNICATING WITH THE FIGHT AGAINST THE ONGOING COVID-19 PANDEMIC. SPENDING AUTHORIZED BY ORD 5326, 5333, 5367, 5376, 5394, 5450, & 5453.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$79,450.98	\$253,719.17	\$79,450.98	\$253,719.17
Total		\$79,450.98	\$253,719.17	\$79,450.98	\$253,719.17

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/16/2020	03/31/2021	\$79,707.49	Improve Telework Capabilities of Public Employees	
Line 2	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/16/2020	06/30/2021	\$94,560.70	Improve Telework Capabilities of Public Employees	
Total:						\$174,268.19

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	TELEWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	03/16/2020	12/02/2021	\$79,450.98	Improve Telework Capabilities of Public Employees		
Total:							\$79,450.98

Sub Screen: Sub-Recipient: 080693591

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080693591		Verified
22	Identification Number			
23	Legal Name*	LEE'S SUMMIT R-7 SCHOOL DISTRICT		
24	Address Line 1*	301 NE TUDOR RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEES SUMMIT		
28	State Code*	MO		
29	Zip+4*	64086-5702		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: ORD 5458

34	Sub-Recipient Organization (Contractor)*	LABORATORY CORPORATION OF AMERICA HOLDINGS-861422434		
35	Contract Number*	ORD 5458		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$60,375.00		
38	Contract Date *	11/30/2020		
39	Period of Performance Start Date *	11/30/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COVID-19 TESTING OF INMATES AND STAFF AT THE JACKSON COUNTY DETENTION CENTER. SPENDING AUTHORIZED BY ORD 5458.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$0.00	\$60,375.00	\$0.00	\$60,375.00
Total		\$0.00	\$60,375.00	\$0.00	\$60,375.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	11/30/2020	03/31/2021	\$60,375.00	COVID-19 Testing and Contact Tracing	
Total:						\$60,375.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 780571910

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	780571910		Verified
22	Identification Number			
23	Legal Name*	OAK GROVE SCHOOL DISTRICT		
24	Address Line 1*	601 SE 12TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OAK GROVE		
28	State Code*	MO		
29	Zip+4*	64075-7044		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 150952505

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	150952505		Verified
22	Identification Number			
23	Legal Name*	CONSOLIDATED SCHOOL DISTRICT NO.2		
24	Address Line 1*	6608 RAYTOWN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAYTOWN		
28	State Code*	MO		
29	Zip+4*	64133-5265		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: ORD Corrections

34	Sub-Recipient Organization (Contractor)*	TRUMAN MEDICAL CENTER, INCORPORATED-073067407		
35	Contract Number*	ORD Corrections		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$63,742.50		
38	Contract Date *	09/24/2020		
39	Period of Performance Start Date *	09/24/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	COVID-19 TESTING OF INMATES AND STAFF AT THE JACKSON COUNTY DETENTION FACILITY AND PAY OTHER COST NECESSARY IN CONNECTION WITH THE FIGHT AGAINST THE PANDEMIC. SPENDING AUTHORIZED BY ORD 533, 5326, 5434, & 5458.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TESTING - COVID-19 TESTING	\$0.00	\$63,742.50	\$0.00	\$63,742.50
Total		\$0.00	\$63,742.50	\$0.00	\$63,742.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TESTING - COVID-19 TESTING	09/24/2020	03/31/2021	\$63,742.50	COVID-19 Testing and Contact Tracing	
Total:						\$63,742.50

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 787466010

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	787466010		Verified
22	Identification Number			
23	Legal Name*	KANSAS CITY CARE CLINIC		
24	Address Line 1*	3515 BROADWAY ST STE 100		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64111-2501		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: T&S-HARVESTPROD

34	Sub-Recipient Organization (Contractor)*	HARVEST PRODUCTIONS, INC-626636351			
35	Contract Number*	T&S-HARVESTPROD			
36	Contract Type*	Blanket Purchase Agreement			
37	Contract Amount*				\$202,955.00
38	Contract Date *	11/09/2020			
39	Period of Performance Start Date *	11/09/2020			
40	Period of Performance End Date *	09/30/2021			
41	Primary Place of Performance Address Line 1 *	415 E 12th St			
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *	Kansas City			
45	Primary Place of Performance State Code *	MO			
46	Primary Place of Performance Zip+4 *	64106-2706		Verified	
47	Primary Place of Performance Country Name *	United States			
48	Primary Place of Performance Country Code *	USA			
49	Primary Place of Performance Congressional District *				5
50	Contract Description *	AUDIO/VIDEO EQUIPMENT FOR EXECUTIVE CONFERENCE ROOM AND LEGISLATIVE MEETING CHAMBER. Per Ordinance 5443			

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	\$0.00	\$202,955.00	\$0.00	\$202,954.88
Total		\$0.00	\$202,955.00	\$0.00	\$202,954.88

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	04/09/2021	06/30/2021	\$144,040.64	Improve Telework Capabilities of Public Employees	
Line 2	TELWORK1 - TELEWORK CAPABILITIES FOR PUBLIC EMPLOYEES	04/09/2021	09/30/2021	\$58,914.24	Improve Telework Capabilities of Public Employees	
Total:						\$202,954.88

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 073053910

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073053910		Verified
22	Identification Number			
23	Legal Name*	SAMUEL U RODGERS HEALTH CENTER, INC.		
24	Address Line 1*	825 EUCLID AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64124-2323		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: RR44609

34	Sub-Recipient Organization (Contractor)*	LODOX NA, LLC-027938771		
35	Contract Number*	RR44609		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$196,967.00		
38	Contract Date *	04/01/2021		
39	Period of Performance Start Date *	04/01/2021		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	MEDICAL EQUIPMENT FOR MEDICAL EXAMINERS OFFICE		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$196,967.00	\$0.00	\$196,967.00
Total		\$0.00	\$196,967.00	\$0.00	\$196,967.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	04/01/2021	06/30/2021	\$196,967.00	Public Health Expenses	
Total:						\$196,967.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Contract: RES20535&20641

34	Sub-Recipient Organization (Contractor)*	MACEDONIA BAPTIST CHURCH-969551027		
35	Contract Number*	RES20535&20641		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$50,000.00		
38	Contract Date *	10/19/2020		
39	Period of Performance Start Date *	10/19/2020		
40	Period of Performance End Date *	12/02/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	FOOD INSECURITY. AUTHORIZED BY ORD 5483 / REX 20641 FOR \$20,000 & ORD 5503 FOR \$10,000.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$0.00	\$50,000.00	\$6,501.66	\$29,391.33
Total		\$0.00	\$50,000.00	\$6,501.66	\$29,391.33

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	10/19/2020	06/30/2021	\$55,039.08	Food Programs	
Line 2	FOODPROGRAM - FOOD PROGRAMS	10/19/2020	09/30/2021	-\$32,149.41	Food Programs	
Total:						\$22,889.67

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	10/19/2020	12/02/2021	\$6,501.66	Food Programs		
Total:							\$6,501.66

Sub Screen: Sub-Recipient: 076271428

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076271428		Verified
22	Identification Number			
23	Legal Name*	SWOPE HEALTH SERVICES		
24	Address Line 1*	3801 BLUE PARKWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64130-2807		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: RES20347

34	Sub-Recipient Organization (Contractor)*	STACO ELECTRIC CONSTRUCTION COMPANY-054094982		
35	Contract Number*	RES20347		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$92,061.00
38	Contract Date *	03/24/2021		
39	Period of Performance Start Date *	03/24/2021		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			5
50	Contract Description *	ELECTRICAL FOR INSTALLATION OF MEDICAL EXAMINER AND CONFERENCE ROOM EQ.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$92,061.00	\$0.00	\$92,061.00
Total		\$0.00	\$92,061.00	\$0.00	\$92,061.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/24/2021	06/30/2021	\$89,058.00	Public Health Expenses	
Line 2	PUBHLT1 - PUBLIC HEALTH EXPENSES	03/24/2021	09/30/2021	\$3,003.00	Public Health Expenses	
Total:						\$92,061.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 067944538

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	067944538		Verified
22	Identification Number			
23	Legal Name*	CONSOLIDATED LIBRARY DISTRICT NO. 3		
24	Address Line 1*	15616 E US 24 HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64050-2057		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 120546841

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	120546841		Verified
22	Identification Number			
23	Legal Name*	KANSAS CITY PUBLIC LIBRARY		
24	Address Line 1*	14 WEST 10TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64105-1702		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: PC15262020005

34	Sub-Recipient Organization (Contractor)*	WESTSIDE COMMUNITY ACTION NETWORK-058434130		
35	Contract Number*	PC15262020005		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$65,771.63		
38	Contract Date *	11/16/2020		
39	Period of Performance Start Date *	11/16/2020		
40	Period of Performance End Date *	12/10/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	FOOD INSECURITY		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$98.95	\$65,771.63	\$98.95	\$65,771.63
Total		\$98.95	\$65,771.63	\$98.95	\$65,771.63

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/16/2020	06/30/2021	\$54,222.43	Food Programs	
Line 2	FOODPROGRAM - FOOD PROGRAMS	11/16/2020	09/30/2021	\$11,450.25	Food Programs	
Total:						\$65,672.68

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	11/16/2020	12/10/2021	\$98.95	Food Programs		
Total:							\$98.95

Sub Screen: Contract: Ord 551

34	Sub-Recipient Organization (Contractor)*	COFFELT LAND TITLE, INC-131110533		
35	Contract Number*	Ord 551		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$3,550,409.00		
38	Contract Date *	06/21/2021		
39	Period of Performance Start Date *	06/21/2021		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Health Department Headquarters		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	\$0.00	\$3,550,409.00	\$0.00	\$3,550,409.00
Total		\$0.00	\$3,550,409.00	\$0.00	\$3,550,409.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLTHBLDG - PUBLIC HEALTH BLDG MODIFICATIONS	09/21/2021	09/30/2021	\$3,550,409.00	Public Health Expenses	
Total:						\$3,550,409.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 948450614

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	948450614		Verified
22	Identification Number			
23	Legal Name*	HOPE HOUSE, INC.		
24	Address Line 1*	RESTRICTED		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEES SUMMIT		
28	State Code*	MO		
29	Zip+4*	64086-5504		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Contract: Ord 5507 & Res 20648

34	Sub-Recipient Organization (Contractor)*	JOHNSON CONTROLS INC-011478599		
35	Contract Number*	Ord 5507 & Res 20648		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,149,069.44		
38	Contract Date *	04/12/2021		
39	Period of Performance Start Date *	04/12/2021		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	HVAC - Emergency Cooling		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$0.00	\$1,149,069.44	\$0.00	\$1,149,069.44
Total		\$0.00	\$1,149,069.44	\$0.00	\$1,149,069.44

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	04/12/2021	09/30/2021	\$1,149,069.44	Public Health Expenses	
Total:						\$1,149,069.44

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Sub-Recipient: 794535559

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	794535559		Verified
22	Identification Number			
23	Legal Name*	NEWHOUSE		
24	Address Line 1*	660 BROOKLYN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64124-2302		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Contract: ORD 5420, 5483, 8503

34	Sub-Recipient Organization (Contractor)*	KINGSWAY LIGHTHOUSE MINISTRIES-117507580		
35	Contract Number*	ORD 5420, 5483, 8503		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$54,998.47		
38	Contract Date *	10/05/2020		
39	Period of Performance Start Date *	10/05/2020		
40	Period of Performance End Date *	10/28/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	FOOD INSECURITY. AUTHORIZED BY ORD 5420, 5483, 8503		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	\$2,780.00	\$54,998.47	\$2,780.00	\$54,998.47
Total		\$2,780.00	\$54,998.47	\$2,780.00	\$54,998.47

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	10/05/2020	09/30/2021	\$52,218.47	Food Programs	
Total:						\$52,218.47

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FACDISTLEARN - FACILITATING DISTANCE LEARNING	10/05/2020	10/28/2021	\$2,780.00	Facilitating Distance Learning		
Total:							\$2,780.00

Sub Screen: Sub-Recipient: 134954437

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	134954437		Verified
22	Identification Number			
23	Legal Name*	ROSE BROOKS CENTER, INC.		
24	Address Line 1*	3350 E 77TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64132-0599		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 171556681

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	171556681		Verified
22	Identification Number			
23	Legal Name*	COMMUNITY SERVICES LEAGUE OF JACKSON COUNTY		
24	Address Line 1*	404 N NOLAND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	INDEPENDENCE		
28	State Code*	MO		
29	Zip+4*	64050-2818		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: MDC24110

34	Sub-Recipient Organization (Contractor)*	MORNINGSTAR DEVELOPMENT CORPORATION-041555124		
35	Contract Number*	MDC24110		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$121,000.00		
38	Contract Date *	04/27/2020		
39	Period of Performance Start Date *	04/27/2020		
40	Period of Performance End Date *	12/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	FOOD INSECURITY. APPROVED BY ORDINANCES 5329, 5333, 5420, 5483, 5515		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$40,923.58	\$121,000.00	\$40,923.58	\$121,000.00
Total		\$40,923.58	\$121,000.00	\$40,923.58	\$121,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	FOODPROGRAM - FOOD PROGRAMS	04/27/2020	09/30/2021	\$80,076.42	Food Programs	
Total:						\$80,076.42

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	04/27/2020	12/30/2021	\$40,923.58	Food Programs		
Total:							\$40,923.58

Sub Screen: Contract: RJK23400

34	Sub-Recipient Organization (Contractor)*	R J KOOL COMPANY-010668408		
35	Contract Number*	RJK23400		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$140,448.53		
38	Contract Date *	07/01/2021		
39	Period of Performance Start Date *	07/01/2021		
40	Period of Performance End Date *	12/30/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	CORRECTIONS FACILITY CLEANING SUPPLIES		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$72,176.52	\$140,448.53	\$72,176.52	\$140,448.53
Total		\$72,176.52	\$140,448.53	\$72,176.52	\$140,448.53

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	07/01/2021	09/30/2021	\$68,272.01	Public Health Expenses	
Total:						\$68,272.01

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	07/01/2021	12/30/2021	\$72,176.52	Public Health Expenses		
Total:							\$72,176.52

Sub Screen: Sub-Recipient: 167046432

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	167046432		Verified
22	Identification Number			
23	Legal Name*	HARVESTERS - THE COMMUNITY FOOD NETWORK		
24	Address Line 1*	3801 TOPPING		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64129-1744		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: PO-AWP17100

34	Sub-Recipient Organization (Contractor)*	At Work Personnel-116928527		
35	Contract Number*	PO-AWP17100		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$54,295.89		
38	Contract Date *	07/23/2020		
39	Period of Performance Start Date *	07/23/2020		
40	Period of Performance End Date *	12/22/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Provide personnel services on a temporary basis		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	\$54,295.89	\$54,295.89	\$54,295.89	\$54,295.89
Total		\$54,295.89	\$54,295.89	\$54,295.89	\$54,295.89

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	PUBHLT1 - PUBLIC HEALTH EXPENSES	07/23/2020	12/22/2021	\$54,295.89	Public Health Expenses		
Total:							\$54,295.89

Sub Screen: Sub-Recipient: 084890904

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	084890904		Verified
22	Identification Number			
23	Legal Name*	KANSAS CITY METROPOLITAN LUTHERAN MINISTRY		
24	Address Line 1*	3031 HOLMES		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64109-1435		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Contract: PO-MRC17400

34	Sub-Recipient Organization (Contractor)*	MATTIE RHODES MEMORIAL SOCIETY, THE-155226558		
35	Contract Number*	PO-MRC17400		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$78,041.22		
38	Contract Date *	06/22/2020		
39	Period of Performance Start Date *	06/22/2020		
40	Period of Performance End Date *	12/22/2021		
41	Primary Place of Performance Address Line 1 *	415 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kansas City		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	64106-2706		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	To provide funds to ensure food insecurity is minimized in the wake of the full economic i mpact of the COVID-19 outbreak.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	FOODPROGRAM - FOOD PROGRAMS	\$78,041.22	\$78,041.22	\$78,041.22	\$78,041.22
Total		\$78,041.22	\$78,041.22	\$78,041.22	\$78,041.22

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	FOODPROGRAM - FOOD PROGRAMS	06/22/2020 12/22/2021	\$78,041.22	Food Programs		
Total:						\$78,041.22

Sub Screen: Sub-Recipient: 110891446

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	110891446		Verified
22	Identification Number			
23	Legal Name*	SISTERS IN CHRIST		
24	Address Line 1*	6317 EVANSTON AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAYTOWN		
28	State Code*	MO		
29	Zip+4*	64133-4929		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 117837527

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117837527		
23	Legal Name*	Tech Assist Guide Shower for Humanity (TAGS)		
24	Address Line 1*	111 W 10th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64105-1700		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 080388298

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	080388298		
23	Legal Name*	KANSAS CITY BOARD OF ELECTIONS		
24	Address Line 1*	30 W Pershing Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64108-2410		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 080675198

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080675198		Verified
22	Identification Number			
23	Legal Name*	ALIST LLC		
24	Address Line 1*	15221 W 153RD TER		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OLATHE		
28	State Code*	KS		
29	Zip+4*	66062-3743		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 835167672

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	835167672		
23	Legal Name*	D H PACE COMPANY, INC		
24	Address Line 1*	1901 E 119th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Olathe		
28	State Code*	KS		
29	Zip+4*	66061-9502		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 117819520

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117819520		
23	Legal Name*	PAYIT, LLC		
24	Address Line 1*	1812 Broadway Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64108-2007		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 624391207

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	624391207		
23	Legal Name*	JACKSON COUNTY BOARD OF ELECTIONS		
24	Address Line 1*	215 N Liberty St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Independence		
28	State Code*	MO		
29	Zip+4*	64050-2846		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 605653583

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	605653583		Verified
22	Identification Number			
23	Legal Name*	CONTROLLED ENVIRONMENT PRODUCTS, INC.		
24	Address Line 1*	6501 E COMMERCE AVE STE 100		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64120-2176		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 851050189

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	851050189		
23	Legal Name*	SHANE D SCOTT, DBA CONCIERGE TESTING SOLUTIONS		
24	Address Line 1*	PO BOX 190937		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dallas		
28	State Code*	TX		
29	Zip+4*	75219-0937		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 007540081

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	007540081		
23	Legal Name*	Greenwood, City of		
24	Address Line 1*	709 W Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Greenwood		
28	State Code*	MO		
29	Zip+4*	64034-9642		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 076282102

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	076282102		Verified
22	Identification Number			
23	Legal Name*	UNITED WAY OF GREATER KANSAS CITY, INC.		
24	Address Line 1*	801 W 47TH ST STE 500		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64112-1239		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 780525833

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	780525833		
23	Legal Name*	CALVARY COMMUNITY OUTREACH NETWORK		
24	Address Line 1*	3002 Holmes St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64109-1434		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 016960039

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	016960039		
23	Legal Name*	EDUCATION FIRST		
24	Address Line 1*	1408 E 99th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64131-3307		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 969551027

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	969551027		
23	Legal Name*	MACEDONIA BAPTIST CHURCH		
24	Address Line 1*	1700 E Linwood Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64109-2002		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 074089330

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	074089330		
23	Legal Name*	ONE GOOD MEAL		
24	Address Line 1*	PO BOX 2222		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lees Summit		
28	State Code*	MO		
29	Zip+4*	64063-7222		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 610942224

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	610942224		Verified
22	Identification Number			
23	Legal Name*	LONE JACK, CITY OF		
24	Address Line 1*	207 N BYNUM RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LONE JACK		
28	State Code*	MO		
29	Zip+4*	64070-9548		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 073134868

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073134868		Verified
22	Identification Number			
23	Legal Name*	JACKSON COUNTY		
24	Address Line 1*	415 E 12TH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64106-2706		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 021207550

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	021207550		
23	Legal Name*	RAYTOWN FIRE PROTECTION DISTRICT		
24	Address Line 1*	6020 Raytown Trfy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Raytown		
28	State Code*	MO		
29	Zip+4*	64133-3856		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 861422434

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	861422434		Verified
22	Identification Number			
23	Legal Name*	LABORATORY CORPORATION OF AMERICA HOLDINGS		
24	Address Line 1*	531 S SPRING ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BURLINGTON		
28	State Code*	NC		
29	Zip+4*	27215-5837		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 117001681

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117001681		
23	Legal Name*	CONVERGEONE LLC		
24	Address Line 1*	10900 Nesbitt Ave S		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bloomington		
28	State Code*	MN		
29	Zip+4*	55437-3124		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 626636351

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	626636351		
23	Legal Name*	HARVEST PRODUCTIONS, INC		
24	Address Line 1*	1111 Virginia Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64106-3257		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 027938771

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	027938771		Verified
22	Identification Number			
23	Legal Name*	LODOX NA, LLC		
24	Address Line 1*	143 BURTON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PAINESVILLE		
28	State Code*	OH		
29	Zip+4*	44077-4164		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	14		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 054094982

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	054094982		Verified
22	Identification Number			
23	Legal Name*	STACO ELECTRIC CONSTRUCTION COMPANY		
24	Address Line 1*	11030 HICKMAN MILLS DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64134-4215		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 058434130

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	058434130		
23	Legal Name*	WESTSIDE COMMUNITY ACTION NETWORK		
24	Address Line 1*	2038 Jefferson St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64108-2105		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 131110533

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	131110533		
23	Legal Name*	COFFELT LAND TITLE, INC		
24	Address Line 1*	320 NE Tudor Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lees Summit		
28	State Code*	MO		
29	Zip+4*	64086-5794		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 011478599

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	011478599		
23	Legal Name*	JOHNSON CONTROLS INC		
24	Address Line 1*	8551 Quivira Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lenexa		
28	State Code*	KS		
29	Zip+4*	66215-2803		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 117507580

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117507580		
23	Legal Name*	KINGSWAY LIGHTHOUSE MINISTRIES		
24	Address Line 1*	3501 E 28th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64128-1225		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 041555124

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	041555124		
23	Legal Name*	MORNINGSTAR DEVELOPMENT CORPORATION		
24	Address Line 1*	2411 E 27th St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kansas City		
28	State Code*	MO		
29	Zip+4*	64127-3933		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 010668408

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010668408		Verified
22	Identification Number			
23	Legal Name*	R J KOOL COMPANY		
24	Address Line 1*	234 W 12TH AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KANSAS CITY		
28	State Code*	MO		
29	Zip+4*	64116-4158		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 116928527

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	116928527		
23	Legal Name*	At Work Personnel		
24	Address Line 1*	618 SW 3rd St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lees Summit		
28	State Code*	MO		
29	Zip+4*	64063-2277		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		