

Introduced by \_\_\_\_\_

First Reading \_\_\_\_\_

Second Reading \_\_\_\_\_

Ordinance No. \_\_\_\_\_

Council Bill No. B 204-20

**AN ORDINANCE**

authorizing an agreement for CARES (Coronavirus Aid, Relief and Economic Security Act) funding with Boone County, Missouri to hire temporary staff in the Department of Public Health and Human Services to assist with disease investigations, contact tracing, communicable disease investigation, data entry and analysis, and community health education; amending the FY 2020 Annual Budget by appropriating funds; and fixing the time when this ordinance shall become effective.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF COLUMBIA, MISSOURI, AS FOLLOWS:

SECTION 1. The City Manager is hereby authorized to execute an agreement for CARES (Coronavirus Aid, Relief and Economic Security Act) funding with Boone County, Missouri to hire temporary staff in the Department of Public Health and Human Services to assist with disease investigations, contact tracing, communicable disease investigation, data entry and analysis, and community health education. The form and content of the agreement shall be substantially as set forth in "Exhibit A" attached hereto and made a part hereof. Any actions taken by or on behalf of the City in connection with such agreement prior to the date of this ordinance are hereby approved and ratified.

SECTION 2. The FY 2020 Annual Budget adopted by Ordinance No. 024007 is amended by appropriating the sum of \$1,799,004.64 from Account No. 11003010-461000 CITYWIDE-CARES-COUNTY in the following amounts to the following accounts:

\$728,662.00	Account No. 11003010-500105 CITYWIDE-COVID19-COUNTY
\$55,742.64	Account No. 11003010-500210 CITYWIDE-COVID19-COUNTY
\$154,600.00	Account No. 11003010-500234 CITYWIDE-COVID19-COUNTY
\$50,000.00	Account No. 11003010-501820 CITYWIDE-COVID19-COUNTY
\$810,000.00	Account No. 11003010-504990 CITYWIDE-COVID19-COUNTY

SECTION 3. This ordinance shall be in full force and effect from and after its passage.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

ATTEST:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor and Presiding Officer

APPROVED AS TO FORM:

\_\_\_\_\_  
City Counselor

CERTIFICATION: I certify there are sufficient funds available in Account No. 11003010-461000 CITYWIDE-CARES-COUNTY to cover the above appropriation.

\_\_\_\_\_  
Director of Finance