

American Rescue Plan Act

***IMMEDIATE NEEDS
ADOPTED REPORT***

**Unified Government of Wyandotte
County/Kansas City, Kansas
August 26, 2021**



The Board of Commissioners' goal is to use the American Rescue Plan Act (ARPA) funds to enable the community to recover from the coronavirus pandemic, while improving long-term resiliency by addressing key priority areas.



The Commissioners' Strategic Goals align with the priority areas of ARPA:

- Improve public health and community resilience
- Address disparities of disproportionately impacted communities
- Diminish family violence and substance abuse
- Create more stable, affordable housing and prevent evictions
- Invest in workforce development
- Augment broadband/internet access in underserved areas
- Invest in critical infrastructure
- Encourage small business development

CONTENTS

Objective

This report is submitted to the Board of Commissioners to propose eligible uses of the American Rescue Plan Act (ARPA) direct aid to the Unified Government that are immediate needs for the fight against COVID-19. Authorization of these resources as part of the Amended 2021 Budget is respectfully requested.

Disparities in Our Community

4

Direct Aid & Funding Requirements

5

ARPA Report, Immediate Needs Summary

6

Funding Split of Kansas City, KS & Wyandotte County, KS

7

Public Health

8

Negative Economic Impact

15

Disproportionately Impacted Communities

19

ARPA Grant Support

22

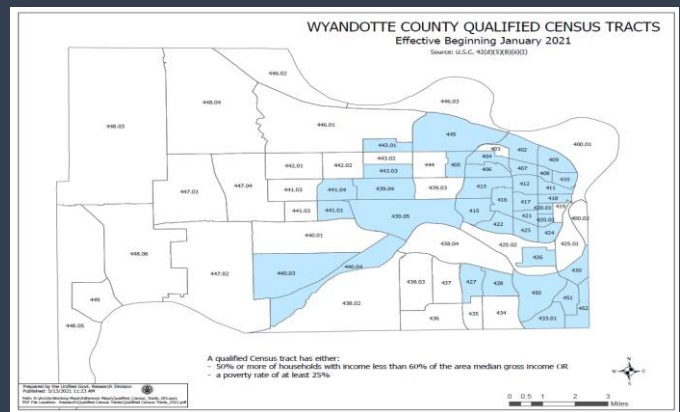
Online Processes & Technology Investments

23

Disparities in Our Community

Both the public health and economic impacts of the pandemic have fallen most severely on communities and populations disadvantaged before it began. Low-income communities and people of color have faced higher rates of infection, hospitalization, and death, as well as higher rates of unemployment and lack of basic necessities like food and housing. Pre-existing social vulnerabilities magnified the pandemic in these communities, where a reduced ability to work from home and, frequently, denser housing amplified the risk of infection. Similarly, communities or households facing economic insecurity before the pandemic were less able to weather business closures, job losses, or declines in earnings and were less able to participate in remote work or education due to the inequities in access to reliable and affordable broadband infrastructure. Unfortunately, the pandemic also has reversed many gains made by communities of color in the prior economic expansion.

Qualified Census Tracts is utilized by ARPA to determine where certain eligible funding can be directed. Of the total resident populations of approximately 165,000, 54% or 89,360 residents live in a qualified census tract (QCT) that meets one or both criteria (50% or more of households of four persons have incomes that are 60% less of the area median gross income **OR** a poverty rate of at least 25%.) Of the 70 total census tracts in the County, 38 meet the QCT criteria.

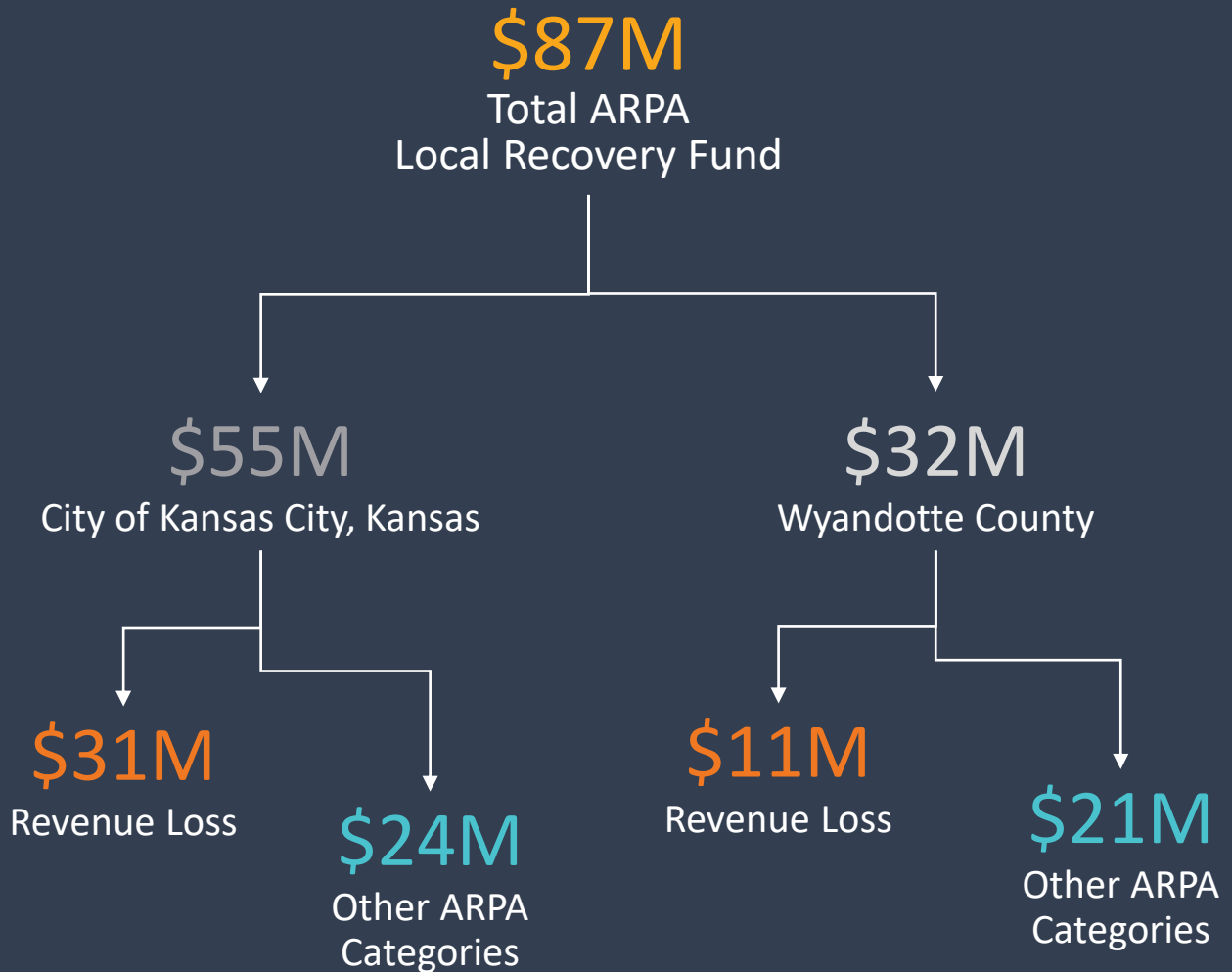


Poverty in Wyandotte County is defined as living on an annual income of \$26,000 for a household of four persons. Twenty-four of these 38 qualified census tracts have average poverty rates of 25% or greater.

Income disparities for Wyandotte County residents prior to the pandemic crossed geographic and racial categories. Of the total Kansas City, Kansas population, 53% are people of color of which 23% are black or African American and 30% Hispanic or Latino. Disparities, such as the average age at death, are evident amongst geographic areas of the County, with a difference of as much as 10 years. In zip code 66102 (eastern Wyandotte County), the average age of death was 66.5 years compared to age 73.4 years in 66109 (western part of the County). Infant Mortality is 4.4 per 1,000 live births among whites compared to 12.1 per 1,000 live births for blacks. Also, data of infant mortality rates between neighborhoods demonstrate additional disparities with 14.2 per live births in Armourdale and 13.7 in Northeast, compared to 2.4 in Piper (western Wyandotte County). Residents with a disability are 13.8% of the total population in the County compared to 12.7% nationwide and 9.2% in Johnson County, Kansas.

American Rescue Plan Act

Direct Aid & Funding Requirements



- The UG is receiving a total allocation of \$87M over two years.
- The funds are directed by the federal government in terms of how they can be used and where they can be used.
- A portion of the funds are allowed to go towards covering the lost revenue from 2020-2021 due to the pandemic.
- The remaining funds are then eligible for use based on the pre-defined ARPA categories.
- All funds must be obligated by the end of 2024, and entirely spent by the end of 2026.

ARPA Report

ADOPTED IMMEDIATE NEEDS

The health, social, and economic ramifications of the COVID-19 pandemic necessitate the use of some ARPA funding to meet urgent, immediate needs faced by the Wyandotte County community.

Summary

\$13.6 M

- 01 Public Health - \$5.95 M**
- 02 Reduce Negative Economic Impact - \$4.23 M**
- 03 Disproportionately Impacted Communities Assistance - \$1.07 M**
- 04 ARPA Grant Support - \$422 K**
- 05 Online Processing & Technology Investment - \$1.93 M**

Of the \$13.59 M total immediate needs, \$10.65 M are County ARPA funds and \$2.94 M are City ARPA funds.

Public Health 01

Rising COVID cases and the ongoing vaccination campaign require immediate funding to ensure current work can be sustained and new public health campaigns can be launched.

Reduce Negative Economic Impact of Pandemic 02

The economic impacts of the pandemic have many families struggling to maintain the necessities, like housing, food, and healthcare. Immediate investment will assist in keeping these families going while our economy recovers.

Disproportionately Impacted Communities Assistance 03

The health, social, and economic impacts of COVID-19 were not experienced equally across Wyandotte County. Supporting individuals who have been disproportionately impacted will aid in reversing these inequitable trends.

ARPA Grant Support 04

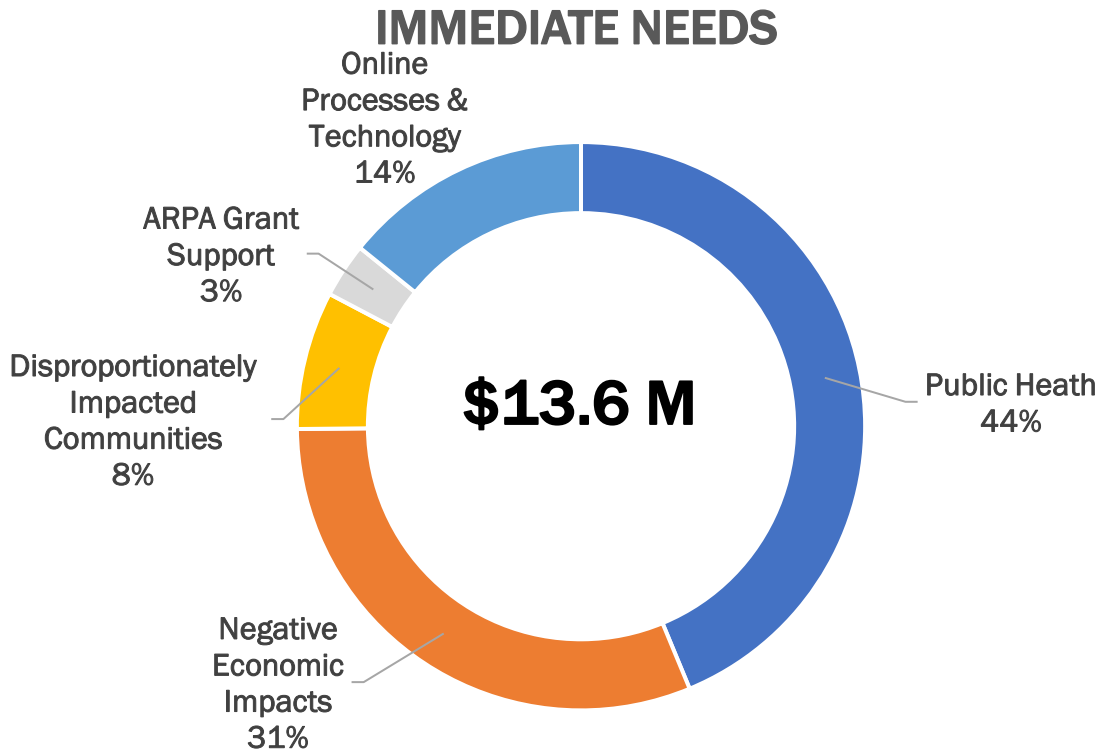
The Unified Government must act swiftly, responsibly, and equitably with the funding from the American Rescue Plan Act (ARPA). As new grants are awarded, annual reporting and compliance will be expected requiring better, more efficient tracking tools.

Online Processing & Technology Investments 05

Part of the Act's "Revenue Replacement" category, online processes and technology investments will be key to making the UG's service delivery easier, faster and provide more communication to our residents..

Proposed Funding Splits

Kansas City, KS & Wyandotte County, KS



IMMEDIATE NEEDS			
LFRR ANNUAL ALLOCATION	KCK	WYCO	TOTAL KCK & WYCO
TOTAL: US Treasury Allocation to Unified Govt	\$55,383,872	\$32,132,644	\$87,516,516
UG NEEDS ASSESSMENT BY Eligible Use Category per Reporting Guidelines	Immediate KCK est. funding need	Immediate WYCO est. funding need	TOTAL Immediate est. funding need
Public Health	292,120	5,655,820	5,947,940
Negative Economic Impacts	901,550	3,323,950	4,225,500
Disproportionately Impacted Communities	60,000	1,009,208	1,069,208
Premium Pay	0	0	0
Online Processes & Technology Investment	1,428,969	500,000	1,928,969
Infrastructure	0	0	0
ARPA Grant Support	262,964	159,364	422,328
TOTAL: Assessment of Needs of Unified Govt	\$2,945,603	\$10,648,342	\$13,593,945

The Unified Government's COVID-19 response relies heavily on the work of Unified Government Public Health Department (UGPHD) to conduct activities most central to pandemic mitigation: testing and vaccinations.

Public Health

VACCINATION, TESTING AND
CONTACT TRACING

\$1.77 M

01

**Adding COVID-19
Vaccinations @
UGPHD - \$738 K**

02

**Mobile Vaccine Unit
- \$336 K**

03

**COVID-19 Testing -
\$175 K**

COVID-19 Vaccinations @ UGPHD **01**

3 nurses and 2 admin staff for 24 months. Vaccinations will continue at UGPHD after the Kmart vaccination facility closes. Need two years of secured funding to attract hires.

Mobile Vaccine Unit **02**

15 months operating costs for 1 Mobile Vaccine Unit; Oct 2021 - Dec 2022. July - September 2021 funded through FEMA. Core operations for vaccination outreach must continue unabated until county rates are increased.

COVID-19 Testing **03**

Continue testing relationship with Vibrant Health, focusing on at-risk & vaccine hesitant populations. Currently funded through 2021; this will fund first six months of 2022. (\$150 K)

Maintain testing in schools, long-term care facilities, inpatient mental health facilities, congregate living facilities, & other high-risk settings. Uncertainty about what State will cover; will need to be increased if KDHE withdraws support (\$25K)



The UGPHD is the only agency in the community responsible for conducting contact tracing, and the need for additional resources will continue as long as we experience case surges.

Providing technical assistance to community medical providers will eventually reduce the COVID-19 burden experienced by the UGPHD.

Public Health

VACCINATION, TESTING AND
CONTACT TRACING
CONTINUED

\$1.77 M

- 04 Contact Tracing - \$216 K**
- 05 Deputy Medical Officer - \$98 K**
- 06 Technical Assistance Program - \$130 K**
- 07 UG Courts Vaccine Initiative - \$75 K**

Contact Tracing 04

2 contact tracing staff for 24 months. UGPHD needs baseline contact tracing staff on-site for outbreaks and surges in case rates. Funds may be depleted sooner depending on volume.

Deputy Medical Officer 05

Part-time Deputy Medical Officer to assist with COVID response leadership for 12 months, 07/21 through 06/22. Stability in leadership is critical for operational continuity.

Technical Assistance 06

Robust technical assistance to area medical providers. It is imperative for long-term sustainability that more local healthcare providers offer testing and vaccinations in their facilities. UGPHD will assist them in getting up and running in both of these areas. Reimbursable through FEMA through Sep 2021; this amount funds project through July 2022.

UG Courts Vaccine Initiative 07

Partnership with KS Legal Services & UG Municipal Court to forgive Municipal Court fees for those who show proof of COVID vaccination. Funds ½ time attorney and ½ time paralegal for 12 months. Need to initiate partnership soon to take advantage of vaccination urgency and jointly assist in clearing the Court's backlog.



Testing and contact tracing are ineffective if individuals do not follow quarantine and isolation guidelines to stop the spread of disease. Providing basic needs in people's homes and housing individuals with nowhere to quarantine allow our community to comply with public health guidance and keep their neighbors safe.

Public Health

PREVENTION IN CONGREGATE SETTINGS & OTHER COVID EXPENSES

\$854 K

08 Food Delivery Equipment - \$79 K

09 Quarantining, Isolation & Other Support- \$125 K

10 Testing & Vaccine Public Communications - \$500K – UGPHD \$150K – UG Admin

Food Delivery Equipment 08

For the Area Agency on Aging to replace food delivery equipment at congregate sites that will mitigate disease spread.

Quarantining, Isolation & Other Support 09

COVID quarantining & isolation support for unhoused individuals, or those needing social distancing from family (motel stays, room cleaning, meals). Funding for remainder of 2021. Reduces spread among households and homeless population. Rough estimate; depends on case rates. (\$25 K)

COVID-19 Assistance Response (CAR) program -- Home delivery of food, cleaning supplies, PPE to households under quarantine. Helps low-income households maintain quarantine. Funding for remainder of 2021. (\$100 K)

Testing & Vaccine Public Communications 10

Testing and vaccine communications on behalf of UGPHD. Reimbursable through FEMA through Sep 2021. Funds contract communications agency ModOp, UGPHD communications staff support, and other costs for 12 months. (\$500K)

Additional communications costs related to COVID-19 targeted for UG-City residents related to vaccination hesitancy (\$150K)



For many in our community, the COVID-19 pandemic exacerbated underlying mental health and substance abuse issues. Others experienced these issues for the first time. Our collective behavioral health system lacks capacity to manage the increase in individuals needing assistance.

Public Health

MENTAL HEALTH/ SUBSTANCE ABUSE & CHANGES IN FACILITIES THAT RESPOND TO COVID

\$374 K

11 Mental Health - \$72 K

12 Substance Abuse - \$160 K

13 Changes in Facilities that Respond to COVID - \$142 K

Mental Health 11

For Human Services Department, to provide behavioral support management, counseling, therapy, psychological testing, and additional treatment services. (Non-Medicaid cover) 4 session per month. (Dual Diagnosis Clients)

Substance Abuse 12

Substance Abuse Prevention Coordinator at UGPHD for 2 years. Substance abuse increased during pandemic; additional prevention & treatment funding requested later under ARPA; immediate need to increase staff support to start coordinating partners; secured funding for two years needed to attract hire

Changes in Facilities that Respond to COVID 13

Recreation Community Center Cleaning Machines (\$65 K) and Municipal Court Re-Opening Needs, such as microphones, speakers, building improvements, equipment to view body-worn camera videos (\$77 K)



The UGPHD's greatest resource throughout the COVID-19 pandemic has been its staff and expertise. As the UGPHD begins to return to its non-COVID work, it is imperative that we continue to fund existing and additional staff time to adequately maintain our COVID response.

Public Health

PUBLIC HEALTH STAFF RESPONDING TO COVID-19 & OTHER PUBLIC HEALTH SERVICES

\$2.95 M

- 14 Public Health Staffing - \$1 M**
- 15 COVID Operations Demobilization- \$600 K**
- 16 UGPHD Mobile Clinic Unit - \$400 K**
- 17 ARPA Coordinator @ UGPHD - \$200 K**

Public Health Staffing 14

Most UGPHD staff cannot be paid out of their current grant funding to do COVID-19 work. This requires alternative funding sources and the addition of contracted and temporary staff. \$1m will sustain our staff and the necessary new positions for 9-12 months. Significant additional funding will be needed for subsequent years of COVID response.

Operations Demobilization 15

Demobilization of COVID mass vaccination sites, including ongoing storage of equipment and supplies. Two of three mass vaccine sites closed; evaluating how long to maintain services at Kmart in 2021. Need for immediate funding to secure and climate control a storage facility.

UGPHD Mobile Clinic Unit 16

UGPHD mobile clinic unit that provides multiple UGPHD services in off-site community locations. Increased need for community-based health services during and post-pandemic. Vehicle procurement will take time; need to secure funding to initiate process.

ARPA Coordinator @ UGPHD 17

ARPA Coordinator at UGPHD for 24 months. Administrative management of multi-year funding, including funding deployment, budget oversight, and reporting; includes some COVID project management responsibilities for ARPA funded projects. Immediate need: administrative capacity is stretched as UGPHD budget has roughly doubled during COVID.



Core to the UGPHD's COVID response and ongoing operations must be the continual analysis and evaluation of relevant data. Now is the time to invest in evaluation and data analysis to ensure our COVID response and clinical operations continue to evolve to meet our community's needs.

Public Health

PUBLIC HEALTH STAFF RESPONDING TO COVID-19 & OTHER PUBLIC HEALTH SERVICES

\$2.95 M

18 Public Health Evaluation Data & Analysis - \$308 K



Public Health Evaluation Data & Analysis 18

Adding DataDirect analysis tool in electronic medical record system at UGPHD; license for 36 months. It is more important than ever for the UGPHD to utilize the data in our EMR to modify programming and conduct outreach to clients. Current reporting lacks the ability to support our needs. (\$108 K)

Third-party **evaluation of UGPHD COVID response**. Insight from an external evaluator will help us adjust COVID operations now and capture lessons for future operations. Project underway; funding needed before we are too far removed from 2020. (\$50 K)

Third-party **evaluation of UGPHD clinical services post-COVID**. The need, desire, and community availability of clinical services changed during COVID, necessitating a thorough evaluation with recommendations for change. UGPHD must begin modifying services to meet current needs, but we require an external party to assist in understanding where to place priorities and resources currently. (\$100K)

Ongoing primary data collection -- vaccine hesitancy. This funds a county-wide survey (ETC Institute) of vaccine hesitancy to inform targeted outreach. Needed now as vaccine attitudes are shifting rapidly. (\$50 K)

Supporting health access and community-based education on COVID-19 and related services is an immediate need due to the current surge we are seeing in COVID cases. At the same time, the majority of the public is now behind on seeking preventive care, including many of our children needing back-to-school physicals and immunizations.

Public Health

PUBLIC HEALTH STAFF RESPONDING TO COVID-19 & OTHER PUBLIC HEALTH SERVICES

\$2.95 M

19 **CHIP Healthcare Access Backbone Staff - \$80K**

20 **Community-based COVID education team - \$363 K**

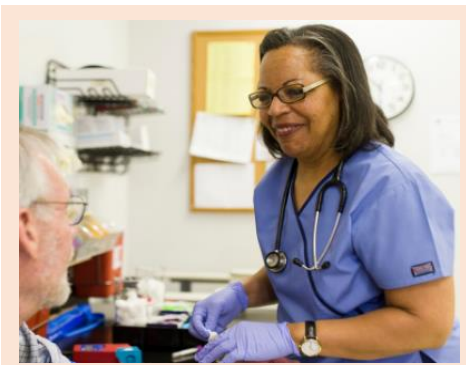
CHIP Healthcare Access Backbone Staff 19

Increase CHIP Healthcare Access backbone staff @ Vibrant Health from .5 FTE to 1 FTE. Increased community-wide, healthcare access support projects during COVID strain our backbone agency's capacity. Funds cover 24 months to sustain staff increase. Needed now to deploy new projects (e.g., non-emergency medical transportation).

Community-based COVID education team 20

UGPHD community-based COVID education team. There is urgent need for increased capacity to do community-wide COVID education; and to educate and inform about other infectious diseases, which are beginning to rebound post-pandemic. This funds two Health Education staff for two years, plus outreach materials and supplies. Need funding immediately to continue to combat misinformation. Funding for two years to secure quality hires. (\$313K)

Third-party diversity, equity, and inclusion consultant will work with the UGPHD to conduct training, audit UGPHD programs and their impacts on health equity; and ensure the COVID-19 response is focusing on reducing existing health disparities. Project is underway, and funding is needed soon to ensure our response is equity-centered. (\$50K)



Negative Economic Impact

HOUSEHOLD ASSISTANCE

\$2.718 M

Many Wyandotte County families are struggling due to lost or reduced wages and an inability to pay for basic essentials, including rent/mortgage, utilities, food, and other needs. An immediate influx of resources is required to keep families afloat during this continued difficult time.

Direct Assistance-General 01

Direct Food Assistance to households via deployment of **Dotte Mobile Grocer**. Funds 7,570 food boxes for households, plus smaller share of operating/payroll costs for mobile grocery vehicle. Adds direct food assistance option that can be deployed anywhere in the county. (\$200 K)

Direct Financial Crisis Support Stipend - Human Services (\$108K)

Funds for hygiene/personal care items (e.g. toiletries, diapers) for families on WIC. Federal Women, Infants, and Children (WIC) payments cannot be used for hygiene items, especially diapers, a significant cost item for low-income families. Diaper giveaways at Health Dept are major events. Funding needed now to initiate during period of increased need. (\$50K)

Direct Assistance-Housing 02

Funds to human services related community non-profits and other agencies to address and prevent housing insecurities and negative economic impacts associated with homelessness and other related human services in Wyandotte County.

01

**Direct Assistance
General - \$358 K**

02

**Direct Assistance
Housing - \$1.85 M**



Negative Economic Impact

HOUSEHOLD ASSISTANCE

\$2.718 M

Legal assistance is often out of reach for our low-income community members who may need it most in order to maintain housing, medical care, residency, or other important needs. A small influx of immediate resources can save community resources in the long-term for both these families and our broader community. Housing insecurity is also a primary driver of childhood trauma and long-term poor health outcomes.

Bi-Lingual Housing Navigator 03

Funds 24 months for two bi-lingual (English/Spanish) housing navigator staff to assist families with housing/housing education needs. Navigators will be placed at Latino-serving community agency. Evictions continue despite national moratorium and will increase when moratorium ends. Non-English-speaking residents are at a disadvantage in securing safe, affordable housing. This request arose from CHIP Safe & Affordable Housing.

03 Bi-Lingual Housing Navigators - \$200 K

04 Legal Assistance - \$310K

Legal Assistance 04

Two full-time attorneys from Kansas Legal Services focused on assisting Wyandotte County residents with housing issues (e.g., evictions, landlord-tenant disputes), medical issues (Medicaid), immigration, and other supports for low-income Wyandotte residents. Funding for two years requested to allow KS Legal Services to recruit, train and deploy attorneys. This need surfaced independently in both CHIP Healthcare Access and CHIP Safe & Affordable Housing teams. This is also a COVID mitigation measures as housing insecurity and transiency are proven drivers of COVID-19 spread. (\$300 K)

Counseling for Dispute Resolution - Human Services Department, includes mediation/counseling for individuals who are impacted by possible homelessness and would need support and guidance through mediation to settle/resolve conflict with landlord/tenant. (\$10 K)



Negative Economic Impact

NON-PROFIT & SMALL BUSINESS ASSISTANCE TO MITIGATE COVID

\$1.15 M

Non-Profit Assistance 04

Funds to human services related community non-profits and other agencies for COVID-related projects as required by ARPA

Small Business Assistance 05

Small Business Support (program started with CARES \$) - \$250 K; Funding for small businesses that failed during COVID that are in the Qualified Census Tracts (\$250 K); Augment funding for UG Toolbox that assists new businesses in navigating the permit and other processes, with the funding to cover upfront equipment start costs (\$150 K)

Wyandotte County's nonprofit organizations stepped up in a big way during the COVID-19 pandemic and continue to do so. They are struggling to maintain their non-COVID services while meeting Wyandotte's COVID-related needs.

Similarly, Wyandotte's small businesses continue to be instrumental to our immediate recovery and Wyandotte's long-term economic stability. Providing them with immediate support will bring benefits to our entire community.

04 Non-Profit Assistance - \$500 K

05 Small Business Assistance - \$650 K



Negative Economic Impact

TOURISM & OTHER ECONOMIC SUPPORT TO MITIGATE COVID

\$358 K

Continuing to revive our economy will require long-term investment, but some immediate resources targeted at specific projects can support our community in getting back to work.

Tourism to Mitigate COVID 06

CVB support of programs to assist hotel industry to implement mitigation and infection prevention measures

06 Tourism to Mitigate COVID - \$200 K

Job Training Assistance 07

Increase CHIP Jobs & Education backbone staff @ WYEDC from .5 FTE to 1 FTE. Increased community-wide, workforce development projects during COVID strain our backbone agency's capacity. Funds cover 24 months to sustain staff increase. Needed now to deploy/expand new projects (e.g. Business ESL, workforce transportation).

07 Job Training Assistance - \$80 K

08 Other Economic Support - \$78 K

Other Economic Support 08

Program Manager for BankOn Initiative to address unbanked residents - \$20 K; Bonuses for public safety new hires (\$40 K); Recruitment postcards and postage (\$18 K)



Disproportionately Impacted Communities

EDUCATIONAL ASSISTANCE,
HOUSING SUPPORT & HEALTHY
CHILDHOOD

\$470 K

Health begins in our homes and our early educational experiences, which are areas in which some Wyandotte residents are disproportionately affected. Immediate investments are needed to reverse the negative health and economic trends experienced by vulnerable populations in Wyandotte during COVID-19.

01 Educational Assistance - \$250 K

Educational Assistance 01

Provide technical skills education to previously incarcerated offenders seeking to pursue new business and employment opportunities in partnership with Village Initiative.

02 Housing Support - \$160 K

Housing Support 02

Support for a new CHIP Safe & Affordable Housing Lead Agency. Funds 1 FTE for 2 years. UGPHD is at the mid-way point of its 2018-2023 CHIP; leadership of the housing component is needed to coordinate partners and raise resources for issues such as community land trusts, utility shut-offs, eviction prevention, and response to homelessness. Two years of funding requested for agency to recruit, hire, deploy staff.

03 Healthy Childhood Environments - \$60 K

Healthy Childhood Environments 03

After-school and summer camps recreation centers' space footprint analysis in order to get State certification and bringing centers up to code & standards



Disproportionately Impacted Communities

2021 marked the highest number of youth deaths experienced in Wyandotte County in ten years. Reversing this trend is a top priority for the UGPHD.

COMMUNITY BENEFIT NAVIGATORS & VIOLENCE INTERVENTION

\$650 K

04 Community Benefit Navigators - \$151 K

05 Community violence intervention - \$90 K

Community Benefit Navigators 04

Crisis Respite - Human Services Department minimum of 160 units per month crisis respite support for individuals with I/DD care to provide mental health relief from natural care takers. Serving 30 people per month. (\$91 K)

Provide contract staffing assistance in accessing or applying for utility bill assistance (\$60 K)

Violence Intervention 05

Primary data collection surrounding violence prevention in Wyandotte. Robust community survey assessing community buy-in for violence prevention, to assist UG in tailoring programs that fit community needs. Includes data analysis. Needed as UGPHD increases its capacity to initiate violence prevention initiatives.



Disproportionately Impacted Communities

COMMUNITY BENEFIT NAVIGATORS & VIOLENCE INTERVENTION

\$650 K

Community-based violence prevention strategies are most effective when multiple interventions are used in combination with one another and targeting the same audience. Working within the school systems, hospital, and among community groups will create a stronger, layered approach with a greater chance of preventing violence.

06

Community violence intervention - \$359 K

Violence Intervention 05

New in-school program curriculum that addresses sexual health as well as violence in the community/home; and ongoing training in Adverse Childhood Experiences (ACEs) for UG/UGPHD staff. Supplements increased focus on violence within UGPHD, needed as rates of violence have increased. (\$13K)

Add violence prevention community health workers to the ThrYve initiative, working with the families of youth identified at a high risk for violence through school (USD500) or hospital-based (KU Hospital) interventions. Community health workers will address social determinants (e.g., education, employment, access to resources, social connection) for students & families through navigation supports. Funding for 2 years. (\$200K)

Core support for MOCSA to serve as CHIP Violence Prevention lead agency. Fund 1 FTE for 2 years. This staff will manage the coalition that implements community-based violence prevention strategies, including a new school-based bystander violence prevention program. Needed now to coordinate partners as intensive multi-component interventions work together in WYCO to decrease violence. (\$146K)



ARPA Grant Support

\$422 K

UG Staff Time Overseeing ARPA 01

Calculated based on ARPA guidance of 280 hours for both city and county at fully blended rate of \$48.80 per hour.

Grant Discovery & Writing Consultant 02

Consultant would assist staff to pursue effectively, efficiently, and strategically federal, state and other grant applications intended to provide relief of the novel coronavirus COVID-19; Collaborate with State agencies on the ARPA allocations to maximize the amount of ARPA funding the Unified Government receives; Strategize with Unified Government staff on narrative and budget outlines for proposed projects to ensure compelling and data-supported submissions.

Grant Management Software 03

Systems to establish standardized grants management processes to get funding out the door while ensuring compliance; Would include integrated platform that creates a standard, unified process and portal to deliver and track and report on funding across entire UG organization.

The Unified Government must act swiftly, responsibly, and equitably with the funding from the American Rescue Plan Act (ARPA). The process will involve engagement with residents, the Board of Commissioners, UG Departments, the State of Kansas, and other community stakeholders to maximize the benefits of ARPA assistance to community. There are significant resources beyond only the direct aid portion, that presents more funding opportunities to the UG. As new grants are awarded, annual reporting and compliance will be expected requiring better, more efficient tracking tools.

01 UG Staff Time Overseeing ARPA - \$27 K

02 Grant Discovery & Writing Consultant - \$325 K

03 Grant Management Software - \$70 K



Online Processes & Technology Investments

\$1.93 M

Online processes and technology investments are key making the UG's service delivery easier, faster and provides more communication to our residents. It saves money thru efficiencies, reduces paper and waster, and provides the ability to develop new, innovative approaches.

01 Online Processes - \$1.0 M

Online Processes 01

Implementation of online processes across many UG departments, including online technology/ customer facing/ self-services and Motor vehicle title & registration kiosks.

02 Municipal Court Software - \$929 K

Municipal Court Software 02

With the end of the 10-year technology lifecycle approaching, Municipal Court would have begun exploring options for another court management software program at the end of this year. However, due to the expedited need for a more appropriate system given KCPD's recent implementation of body worn cameras as well as moving forward with an e-ticketing program, as well as learning that the current vendor will potentially not support our system much longer, it has become very necessary to explore options for a replacement of court management system as soon as possible.

