

ORDINANCE

CITY OF NEW ORLEANS

CITY HALL: March 26, 2026

CALENDAR NO. 35,399

NO. _____ MAYOR COUNCIL SERIES

BY: COUNCILMEMBERS HARRIS, MORRELL, GREEN AND HUGHES (BY REQUEST)

AN ORDINANCE to amend Ordinance No. 30531 M.C.S., as amended, entitled “An Ordinance Providing an Operating Budget of Expenditures for the City of New Orleans for the Year 2026”, to appropriate Private Grant Funds from the Mayors Alliance Action Fund to the Health Department for the No Kid Hungry Program; and otherwise to provide with respect thereto.

1 **SECTION 1. THE COUNCIL OF THE CITY OF NEW ORLEANS HEREBY**
2 **ORDAINS**, that Ordinance No. 30531 M.C.S., as amended, be amended to authorize and direct
3 the Director of Finance, notwithstanding any provision therein contained to the contrary, to transfer
4 funds allocated therein as follows:

5 **FROM: INTERGOVERNMENTAL REVENUES - FUND 6699**

6	<u>INTERGOVERNMENTAL</u>	
7	600 – GRANTS, CONTR. AND FUND TRANSFERS	<u>\$25,000</u>
8	TOTAL	<u>\$25,000</u>

9 TO: PRIVATE GRANTS- FUND 4900
10 HEALTH DEPARTMENT
11 200-OTHER OPERATING \$25,000
12 TOTAL \$25,000

ADOPTED BY THE COUNCIL OF THE CITY OF NEW ORLEANS _____

PRESIDENT OF THE COUNCIL

DELIVERED TO THE MAYOR ON _____

APPROVED:
DISAPPROVED: _____

MAYOR

RETURNED BY THE MAYOR ON _____ AT _____

CLERK OF COUNCIL

ROLL CALL VOTE:

YEAS:

NAYS:

ABSENT:

RECUSED:

Calendar No. (REV)
(EXP) x

Name Brandye DeLarge Ext. x2587
Person responsible for routing

**CHECK SHEET TO BE USED FOR
CLEARING ORDINANCES, MOTIONS, AND RESOLUTIONS
BEFORE SUBMISSION TO COUNCIL CLERK**

The originating agency shall attach a copy of each proposed ordinance, motion, or resolution to the check sheet for processing in the sequence indicated after preparing a synopsis. The detailed memorandum of explanation shall also be attached to this check sheet.

SYNOPSIS OF DOCUMENT: An ordinance to amend the 2026 Budget of Expenditures (Ord. No. 30531) to appropriate Private grant funds (\$25,000) to the Health Department for the No Kid Hungry to support outreach for SNAP and Medicaid application assistance and coordination with VIA LINK's 211 service.

- 1. Jeanie Donovan
Department Head
- 2. [Signature]
Department of Law
- 3. [Signature]
Chief Administrative Officer
- 4. _____
Director of Council Relations
- 5. _____
Initials of Sponsoring Council Member

COUNCIL ACTION

Council Members Present: _____
Absent: _____

AMENDMENTS:

FINAL ADOPTION:

_____ MOVED: _____
 _____ 2ND: _____
 _____ YEAS: _____
 _____ NAYS: _____
 _____ ABSENT: _____
 _____ RECUSED: _____

7. _____
Reviewed by the Chief Administrative Officer after adoption by the City Council and prior to the Mayor's signature.

CITY OF NEW ORLEANS
FISCAL NOTE/IMPACT STATEMENT
CHIEF ADMINISTRATIVE OFFICE

REVENUE / EXPENDITURE
ORDINANCE (X)
NO(S). Cal. #

RESOLUTION ()
NO.

MOTION ()
NO.

DEPARTMENT: HEALTH DEPARTMENT

PURPOSE OF LEGISLATION: An ordinance to amend the 2026 Budget of Expenditures (Ord. No. 30531 MCS) to appropriate Private grant funds (\$25,000) to the Health Department from the No Kid Hungry grant to support outreach for SNAP and Medicaid application assistance and coordination with VIA LINK's 211 service

SOURCE/AMOUNT OF REVENUE TO BE GAINED:
 See below.

PERIOD OF PERFORMANCE: FROM: 3/4/2026 TO: 12/31/2026

EXPENDITURE REQUIREMENTS (SAVINGS) BY SPECIFIC CATEGORIES AND AMOUNTS:

EXPLANATION: (Include detailed description of items/services to be purchased and/or reduced, including positions added or deleted and/or Impact and Implications of Proposed Legislation.)

Fund:	Amount
From: <u>INTERGOVERNMENTAL REVENUES – FUND 6699</u>	
<u>INTERGOVERNMENTAL</u>	
600 – GRANTS, CONTR. AND FUND TRANSFERS	-\$25,000
To: <u>PRIVATE GRANTS – FUND 4900</u>	
<u>HEALTH DEPARTMENT</u>	
200 – OTHER OPERATING	\$25,000
TOTAL	0

BRANDYE DELARGE / 658-2587

CONTACT PERSON/PHONE:

Brandye, Asst. CAO

SIGNATURE/TITLE:

Budget Office

DEPARTMENT/AGENCY

DATE: 3/9/2024

REVIEWED BY:

[Handwritten Signature]

CHIEF ADMINISTRATIVE OFFICE



LEGISLATIVE SUMMARY

TO ACCOMPANY ORDINANCES

BEFORE SUBMISSION TO CLERK OF COUNCIL

Requesting Department or Agency: _____

Name of Contact Person: _____

Telephone Number: _____

Email Address: _____

Initials of Sponsoring Councilmember(s): _____

DETAILED SYNOPSIS OF THE ORDINANCE

Please generally describe the purpose, intent, and effect of the proposed ordinance.



LEGISLATIVE SUMMARY

If the Ordinance is to effectuate a contract, CEA, or other similar agreement (hereafter contract), please provide the following additional information.

If this section is not applicable, please check this box.

The parties involved:

The obligations, expectations, and deliverables of the parties involved:

Any fiscal implications for the City with the contract:

The public purpose and need for the contract:

The duration of the contract:



LEGISLATIVE SUMMARY

If the Ordinance is to effectuate an amendment to the Codes of the City of New Orleans, please provide the following additional information.

If this section is not applicable, please check this box.

The existing provision(s) of the Code being proposed for amendment:

The general content/requirements of the existing Code provision:

How the proposed ordinance will alter the existing Code provision(s):

Why these changes are needed:

REQUESTED ADOPTION DATE: _____

Reference: Council Rule 41 & City Code Section 2-813