

**REQUEST FOR LEGISLATIVE ACTION**

**Version 6/10/19**

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 5318

Sponsor(s): Crystal Williams

Date: February 24, 2020

**EXECUTIVE OFFICE**

FEB 13 2020

<p>SUBJECT</p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Appropriating \$5,965.06 in acceptance of insurance proceeds for the repair of a light pole at Longview Horse Park.</p>														
<p>BUDGET INFORMATION  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$5,965.06</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$5,965.06</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>From 003-9999-47040 Park Fund – Reimbursement Damage Claims</td> <td>\$5,965.06</td> </tr> <tr> <td>To 003-1602-56510 Park Fund – Park Operations – Maintenance &amp; Repair Buildings</td> <td>\$5,965.06</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:          Department: _____ Estimated Use: _____</p> <p>Prior Year Budget (if applicable): _____          Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:	\$5,965.06	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$5,965.06	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number:		From 003-9999-47040 Park Fund – Reimbursement Damage Claims	\$5,965.06	To 003-1602-56510 Park Fund – Park Operations – Maintenance & Repair Buildings	\$5,965.06
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____          Prior resolutions and (date): _____</p>														
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Dianne Kimzey, Deputy Director of Enterprise Operations, 503-4825</p>														
<p>REQUEST SUMMARY</p>	<p>Requesting \$5,965.06 to be appropriated in acceptance of insurance proceeds from West Bend for damage sustained to a light pole at Longview Horse Park by a patron who hit the pole with her truck and horse trailer.</p>														
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>														
<p>COMPLIANCE</p>	<p><input type="checkbox"/> MBE Goals  <input type="checkbox"/> WBE Goals  <input type="checkbox"/> VBE Goals</p>														
<p>ATTACHMENTS</p>	<p>Copy of check SM 2/13/20</p>														
<p>REVIEW</p>	<table border="1"> <tr> <td>Department Director: <i>Michele Thomas</i></td> <td>Date: 2-11-2020</td> </tr> <tr> <td>Finance (Budget Approval): If applicable <i>Jamal Martin</i></td> <td>Date: 2/13/20</td> </tr> </table>	Department Director: <i>Michele Thomas</i>	Date: 2-11-2020	Finance (Budget Approval): If applicable <i>Jamal Martin</i>	Date: 2/13/20										
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Division Manager: <i>Arly M. Schalto</i>	Date: <i>2-13-2020</i>
County Counselor's Office: <i>Buyer County</i>	Date: <i>2/20/2020</i>

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:
003-9999-47040	Reimbursement Damage Claims	\$5,965.06

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

## Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date: February 13, 2020

ORD # 5318

Department / Division	Character/Description	From	To
<b>Park Fund - 003</b>			
9999	47040 - Reimb Damage Claims	5,966	
2810	Undesignated Fund Balance		5,966
2810	Undesignated Fund Balance	5,966	
1602 - Park Operations	56510 - Maint & Repairs Buildings		5,966
		\$ 5,966	\$ 5,966

*Sarah M. [Signature]* 2/13/20  
Budgeting



THIS CHECK IS VOID IF NOT PRESENTED FOR PAYMENT WITHIN 120 DAYS

BMO Harris Bank  
Milwaukee, Wisconsin

12-5  
750

CHECK NUMBER **7609040**

1900 South 18th Avenue • West Bend, WI 53095

PAY *Five thousand nine hundred sixty five and 06/100 Dollars*

\$\*\*\*\*\*5,965.06

TO THE **JACKSON COUNTY PARKS & RECREATION**  
ORDER OF

IN PAYMENT OF ATTN: SARAH MATTHES / CLAIM# AK94660 / PAYMENT IN FULL

INSURED	CLAIMANT	DATE ISSUED	CLAIM NUMBER	CLMT	DATE OF LOSS
DEBBIE HENRY	JACKSON COUNTY PARKS & RECREATION	1/24/2020	AK94660		9/15/2019

MAIL TO **JACKSON COUNTY PARKS & RECREATION**  
415 E 12TH STREET  
ROOM 105  
KANSAS CITY, MO 64106

President Chief Executive Officer



**DETACH BEFORE DEPOSITING**

CLAIM NUMBER: AK94660

CHECK AMOUNT: 5965.06

ATTN: SARAH MATTHES / CLAIM# AK94660 / PAYMENT IN FULL

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT, PLEASE CONTACT  
ALAN ECKERT AT 262-365-2697.

*003-9999-47040  
West Bend Brng Claim Henry 9/15/19*