

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

AN ORDINANCE appropriating \$50,000.00 from the undesignated fund balance of the 2012 Self-Insurance Fund in acceptance of partial settlement payment of insurance proceeds from Traveler's Insurance to cover property damage at Truman Medical Center's Lakewood facility resulting from a break in the chiller system and authorizing the Director of Finance and Purchasing to issue a check to Truman Medical Center in the amount of \$50,000.00.

ORDINANCE #4394, February 21, 2012

INTRODUCED BY Scott Burnett, County Legislator

WHEREAS, Jackson County provides property insurance through Traveler's Insurance for the Truman Medical Center Lakewood (TMC) facility; and,

WHEREAS, a break in the chiller system at TMC resulted in significant property damage, currently estimated at more than \$350,000.00, which is in excess of the County's deductible of \$150,000.00; and,

WHEREAS, once all damages have been identified, a final settlement and release of claims will be submitted to the Legislature; and,

WHEREAS, an appropriation is necessary to place the insurance proceeds in the proper spending account; and,

WHEREAS, the County Executive recommends said appropriation; now therefore,

BE IT ORDAINED by the County Legislature of Jackson County, Missouri, that the following appropriation be made from the undesignated fund balance of the 2012 Self-Insurance Fund:

<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER/DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Self-Insurance Fund Non-Departmental			
060-9999	47045 – Settlements & Jdgmts	\$50,000	
060-2810	Undesignated Fund Balance		\$50,000
060-2810	Undesignated Fund Balance	\$50,000	
060-5160	56720 – Settlements & Jdgmts		\$50,000

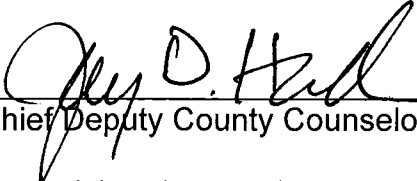
and,

BE IT FURTHER ORDAINED that the Director of Finance and Purchasing be and hereby is authorized to issue a check in the amount of \$50,000.00 to Truman Medical Center Lakewood; and,

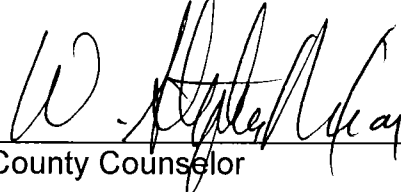
BE IT FURTHER ORDAINED that all County officials be and hereby are authorized to execute any and all documents necessary to give legal effect to this partial settlement.

Effective Date: This ordinance shall be effective immediately upon its signature by the County Executive.

APPROVED AS TO FORM:



Chief Deputy County Counselor



County Counselor

I hereby certify that the attached Ordinance, Ordinance #4394 introduced on February 21, 2012, was duly passed on February 21, 2012 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 7

Nays 0

Abstaining 0

Absent 2

This Ordinance is hereby transmitted to the County Executive for his signature.

2.21.12

Date



Mary Jo Spino, Clerk of Legislature

I hereby approve the attached Ordinance #4394.

2/21/2012

Date



Michael D. Sanders, County Executive

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

ACCOUNT NUMBER: 060 2810
ACCOUNT TITLE: Self-Insurance Fund
Undesignated Fund Balance
NOT TO EXCEED: \$50,000.00

February 14, 2012

Date



Director of the Department of Finance

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 4394

Sponsor(s): Scott Burnett

Date: February 21, 2012

<p>SUBJECT</p>	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>An ordinance transferring insurance proceeds to Truman Medical Center as a partial settlement for a claim involving damage at the TMC Lakewood facility.</u></p>														
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="326 579 1203 919"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$50,000</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>\$50,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number;</td> <td></td> </tr> <tr> <td>FROM: 2810 – Undesignated Fund Balance</td> <td>\$50,000</td> </tr> <tr> <td>TO: 060-5160-56720 –Settlements/Judgments</td> <td>\$50,000</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:	\$50,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$50,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number;		FROM: 2810 – Undesignated Fund Balance	\$50,000	TO: 060-5160-56720 –Settlements/Judgments	\$50,000
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): n/a</p> <p>Prior resolutions and (date): n/a</p>														
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Amiee Wenson, Senior Administrative Manager, 816-881-3073</p>														
<p>REQUEST SUMMARY</p>	<p>Property insurance for the Truman Medical Center Lakewood facility is provided by Jackson County. On January 18, 2012, a break occurred in the chiller system at TMC Lakewood resulting in a leak and subsequent property damage. The total damages are still being tabulated; however, the damage estimates are currently \$350,000, which is significantly over the County's \$150,000 deductible. Traveler's, the County's insurance carrier, has issued a partial settlement of \$50,000. With legislative approval, the insurance proceeds will be paid to Truman Medical Center. After all damages have been identified, a final settlement and release of claims will be executed and brought to the Legislature for approval.</p>														
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>														

ATTACHMENTS		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i> <i>William A Ball</i>	Date: <i>2-14-12</i>
	Division Manager: <i>[Signature]</i>	Date: <i>2/15/12</i>
	County Counselor's Office:	Date:

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:
2810	Undesignated Fund Balance	\$50,000

- 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.

