

**REQUEST FOR LEGISLATIVE ACTION
EXECUTIVE OFFICE**

OCT 24 '19 AM 9:53

Version 6/10/19

Completed by County Counselor's Office:

~~Res~~ Ord No.: 5283

Sponsor(s): Crystal Williams

Date: November 4, 2019

OCT 23 2019

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Appropriating \$2,961 in acceptance of insurance proceeds for the repair of the roll gate at the Frank White, Jr. Softball Complex.</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>\$2,961.00</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>\$2,961.00</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td colspan="2">Source of funding (name of fund) and account code number:</td> </tr> <tr> <td>From: 300-9999-47040 Park Enterprise Fund – Reimbursement Damage Claims</td> <td>From Acct \$2,961.00</td> </tr> <tr> <td>To: 300-1654-57350 Park Enterprise Fund Recreation Programs - Lumber, Wood and other construction supplies.</td> <td>To Acct \$2,961.00</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:	\$2,961.00	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$2,961.00	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number:		From: 300-9999-47040 Park Enterprise Fund – Reimbursement Damage Claims	From Acct \$2,961.00	To: 300-1654-57350 Park Enterprise Fund Recreation Programs - Lumber, Wood and other construction supplies.	To Acct \$2,961.00
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date):</p>														
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Tina Spallo, Superintendent of Recreation , (816) 503-4872</p>														
REQUEST SUMMARY	<p>Requesting \$2,961.00 to be appropriated in acceptance of insurance proceeds from American Family Insurance Co. for damage sustained to a Roll Gate at the Frank White, Jr. Softball Complex by a pedestrian who's car went out of control and struck the gate.</p>														
CLEARANCE	<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>														
COMPLIANCE	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>														
ATTACHMENTS	<p>Copy of America Family Insurance Check</p>														
REVIEW	<table border="1"> <tr> <td>Department Director: <i>[Signature]</i></td> <td>Date: 10-21-19</td> </tr> <tr> <td>Finance (Budget Approval): <i>[Signature]</i></td> <td>Date: 10/23/19</td> </tr> </table>	Department Director: <i>[Signature]</i>	Date: 10-21-19	Finance (Budget Approval): <i>[Signature]</i>	Date: 10/23/19										
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Finance (Budget Approval): <i>[Signature]</i>	Date: 10/23/19														

<i>If applicable</i>		
Division Manager:	<i>[Signature]</i>	Date: <i>10-24-19</i>
County Counselor's Office:	<i>St. Mary's County</i>	Date: <i>10/31/19</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:
300-9999-47040	Park Enterprise Fund Reimbursement Damage Claims	\$2,961.00

- 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: October 23, 2019

ORD # 5283

Department / Division	Character/Description	From	To
Park Enterprise Fund - 300			
9999	47040 - Reimb Damage Claims	2,961	
2810	Undesignated Fund Balance		2,961
2810	Undesignated Fund Balance	2,961	
1654 - Recreational Programs	57350 - Lumber Wood & Supplies		2,961
		\$ 5,922	\$ 5,922

Sarah M. [Signature] 10/23/19
Budgeting



AMERICAN FAMILY INSURANCE COMPANY
6000 AMERICAN PARKWAY
MADISON WI 53783

300-9999-47040
Amfam Dmg Claim 2/6/19



0001869280MPCL0003L00 CLM-SCAN 000
JACKSON COUNTY MISSOURI
415 E 12TH ST STE 105
KANSAS CITY MO 64106-2706

AMERICAN FAMILY INSURANCE GROUP
EXPLANATION OF REMITTANCE

CLAIM 01-001-362552 NUMBER 0002157646
TYPE Loss Cost INVOICE PRODUCER Chad Fleming
SERVICE DATES(S) From: 09/23/2019 To: 09/23/2019

IN PAYMENT OF

PAYMENT INFORMATION DETAIL

Jackson County Missouri
Property Damage Liability \$2,961.00

COMMENTS Payment for property damage

F:0000 001001 000186 0186 000003 0330



DETACH AND REFER TO THIS STUB IF CORRESPONDING ON THIS CLAIM
IF QUESTIONS CALL 1-800-MYAMFAM

THIS INSTRUMENT IS VOID IF MULTICOLORED BACKGROUND IS ABSENT - THE FACE AND BACK OF THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES

AMERICAN FAMILY INSURANCE GROUP - MADISON, WISCONSIN

JPMORGAN CHASE BANK, N.A.
CHICAGO, ILLINOIS

70-2322

719

0002157646

CLAIM NO. 01-001-362552 INSURED Jonathan Dunn

DATE October 6, 2019

PAY TO THE ORDER OF Jackson County Missouri

Two Thousand Nine Hundred Sixty One and 00/100 Dollars

AMOUNT \$2,961.00

POLICY ISSUED BY AMERICAN FAMILY INSURANCE COMPANY

David J. Kelly
CHIEF FINANCIAL OFFICER & TREASURER
William D. West
PRESIDENT