

# REQUEST FOR LEGISLATIVE ACTION


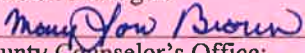
Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19254

Sponsor(s): Greg Grounds

Date: September 12, 2016

<p><b>SUBJECT</b></p>	<p>Action Requested: Permission for the Independence School District to use the Jackson County parking lot at the corner of Kansas and Osage for the use of parade staging and gathering on Saturday, September 17<sup>th</sup>, 2016 from 10:00 am until Noon.</p> <p><input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Jackson County Independence Parking Lot use for Independence School District Parade on September 17<sup>th</sup>, 2016.</p>										
<p><b>BUDGET INFORMATION</b> <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>\$ n/a</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$ n/a</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$ n/a</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$ n/a</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td>FROM ACCT  TO ACCT</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input checked="" 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): n/a Prior Year Actual Amount Spent (if applicable): n/a</p>	Amount authorized by this legislation this fiscal year:	\$ n/a	Amount previously authorized this fiscal year:	\$ n/a	Total amount authorized after this legislative action:	\$ n/a	Amount budgeted for this item * (including transfers):	\$ n/a	Source of funding (name of fund) and account code number; FROM / TO	FROM ACCT  TO ACCT
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<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date): <u>n/a</u></p> <p>Prior resolutions and (date):</p>										
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by: Kimberly Byers, Administrative Assistant, 881-3258</p>										
<p><b>REQUEST SUMMARY</b></p>	<p>The Independence School district has requested permission to use the Jackson County Independence parking lot at the corner of Kansas and Osage on Saturday, September 17, 2016 from 10:00 am until Noon for the staging and gathering of the Independence School District parade.</p> <p>The following stipulations will apply:</p> <ol style="list-style-type: none"> <li>1) The County will require a Certificate of Liability Insurance</li> <li>2) The Independence School District will be responsible for leaving the parking lot clean of debris and in good repair.</li> <li>3) The parking lot will be ready for use by the County no later than 8:00am on Monday, September 19, 2016.</li> </ol>										

CLEARANCE	<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)	
ATTACHMENTS		
REVIEW	Department Director: Brian Gaddie, Director 	Date: 7.6.2016
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager: 	Date: 9/9/16
	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:

- 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.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>CBIZ Ins. Svcs Inc. (PE)</b> 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500	<b>CONTACT NAME:</b> Erik Hage <b>PHONE (A/C, No, Ext):</b> 816-841-4005 <b>E-MAIL ADDRESS:</b> ehage@cbiz.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Independence, Missouri School District 201 N. Forest Avenue Independence, MO 64050	<b>INSURER A :</b> Catlin Indemnity Co.	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			CNDMOEPP14108003	12/31/2015	12/31/2016	EACH OCCURRENCE	\$1,000,000*	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000*
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$3,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
									\$
A	AUTOMOBILE LIABILITY			CNDMOCAP14109003	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000*	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CNDMOEEXL14111003	12/31/2015	12/31/2016	EACH OCCURRENCE	\$5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DED	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				WC STATUTORY LIMITS	OTHER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)  
**\*Missouri Sovereign Immunity Applicable**  
 As respects parade held 9/17/2016.

<b>CERTIFICATE HOLDER</b> Jackson County Courthouse 303 West Walnut Independence, MO 64050	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <b>CBIZ Insurance Services, Inc.</b>