

**REQUEST FOR LEGISLATIVE ACTION**

**EXECUTIVE OFFICE**

Completed by County Counselor's Office:

Res/Ord No.: 5215

Sponsor(s): Charlie Franklin

Date: April 8, 2019

MAR 28 2019

<p>SUBJECT</p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Appropriating \$3,153.53 from the undesignated fund balance in acceptance of reimbursement proceeds from Progressive Insurance for repair of a vehicle that was damaged by one of Progressive Insurance's clients.</u></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>\$3,153.53</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$3,153.53</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; FROM / TO                      From: Undesignated Fund 002-9999-47040                      To: Maintenance and Repair-Auto Equipment 002-1500-56570</td> <td>FROM ACCT \$3153.53  TO ACCT \$3153.53</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:	\$3,153.53	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$3,153.53	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM / TO From: Undesignated Fund 002-9999-47040 To: Maintenance and Repair-Auto Equipment 002-1500-56570	FROM ACCT \$3153.53  TO ACCT \$3153.53
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date):</p>										
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Deb Sees, Environmental Health Administrator, 816-847-7070</p>										
<p>REQUEST SUMMARY</p>	<p>Requesting \$3153.53 to be transferred from 002-9999-47040 to account 002-1500-56570 for the repair of a vehicle damaged in an accident on 12-29-17.</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>										

ATTACHMENTS		
REVIEW	Department Director: <i>Deb Sees</i>	Date: <i>3/29/19</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Paul McG...</i>	Date: <i>3/30/19</i>
	Division Manager: <i>[Signature]</i>	Date: <i>4-2-19</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:
002-9999-47040	Undesignated Fund	\$3153.53

- 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.

PROGRESSIVE  
PO BOX 512926  
LOS ANGELES, CA 90051

**PROGRESSIVE®**

JACKSON CO MISSOURI  
ATTN: RISK MGT DEPT  
415 E 12TH ST  
KANSAS CITY, MO 64106-2706

002-9999-47040  
Prog Dmg Claim - Sees 12/29/17

DRAFT NUMBER: 2025611026

AMOUNT:

\$\*\*\*\*\*3,153.53

ISSUE DATE: March 20, 2019

Form 2721 (06/15)

KEEP THIS TOP PORTION FOR YOUR RECORDS

**PROGRESSIVE®**

PAYABLE THROUGH  
PNC BANK, N.A. 070  
ASHLAND, OH  
1-877-448-9544

VOID IF NOT PRESENTED WITHIN 90 DAYS

CLAIM NUMBER: 18-4100735  
NAME: JACKSON CO MISSOURI,

DRAFT NUMBER:

2025611026

56-389

412

March 20, 2019

PAY EXACTLY

\$\*\*\*\*\*3,153.53

THREE THOUSAND, ONE HUNDRED FIFTY-THREE AND 53/100 \*\*\*\*\*

PAY TO JACKSON COUNTY  
THE ORDER  
OF:

Progressive Casualty Insurance Company

BY:

AUTHORIZED SIGNATURE



