

# REQUEST FOR LEGISLATIVE ACTION


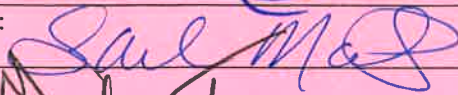
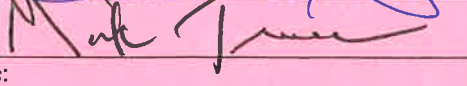
Completed by County Counselor's Office:

Res/Ord No.: 5173

Sponsor(s): Greg Grounds

Date: November 13, 2018

<p><b>SUBJECT</b></p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Appropriating \$4,383.56 from the undesignated fund in acceptance of reimbursement proceeds from American Alternative Insurance Corp., insurance provider for the Reorganized School District #5 of Eastern Jackson County (Grain Valley) for repair of damage caused by their employee of a vehicle used by the Public Works Department.</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>\$4,383.56</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>\$4,383.56</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 004-9999-47040</td> <td>FROM ACCT \$4,383.56</td> </tr> <tr> <td>TO: Maint &amp; Repair-Auto Equip 004-1502-56530</td> <td>TO ACCT \$4,383.56</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 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:	\$4,383.56	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$4,383.56	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM / TO FROM: Undesignated Fund 004-9999-47040	FROM ACCT \$4,383.56	TO: Maint & Repair-Auto Equip 004-1502-56530	TO ACCT \$4,383.56
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<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date):   Prior resolutions and (date):</p>												
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Carolyn Barnett, Administrative Assistant, 881-4447</p>												
<p><b>REQUEST SUMMARY</b></p>	<p>Requesting \$4,383.56 to be transferred from 004-9999-47040, Increase Revenues, to account 004-1502-56530 Maintenance and Repair, in order to repair damages to vehicle number 126 PWD, a 2011 Chevy Silverado pickup.</p>												
<p><b>CLEARANCE</b></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: Brian Gaddie, P.E., Director of Public Works 	Date: 10/29/2018
	Finance (Budget Approval): <i>If applicable</i> 	Date: 11/5/18
	Division Manager: 	Date: 11/5/18
	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:
004-9999-47040	Increase Revenues	\$4,383.56

- 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:                    November 1, 2018

ORD # 5173

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b>Road &amp; Bridge Fund - 004</b>			
9999	47040 - Reimb Damage Claims	4,384	
2810	Undesignated Fund Balance		4,384
2810	Undesignated Fund Balance	4,384	
1502 - Engineering	56530 - Maint & Repair Auto		4,384

 11/1/18  
Budgeting



Glatfelter Claims Management, Inc  
P O Box 5126  
York, PA 17405  
(800) 233-1957

Jackson County Public Works  
Attn: Sara Mathis  
415 E 12th St, Room 105  
Kansas City, MO 64106

004-9999-47040-18  
Glatfelter PW Dmg Claim -  
Allen 10/2/18

PAYMENT IS BEING ISSUED FOR: Damage to 2011 Chevy Silverado per attached estimate.

CHECK NUMBER: 0001107322  
CLAIM NUMBER: MOPF18100423  
PAYMENT AMOUNT: \$\*\*\*\*\*4,383.56

**Payment on behalf of American Alternative Insurance Corporation**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and subject to criminal prosecution and civil penalties.

narnold

PLEASE DETACH VOUCHER AND DEPOSIT CHECK PROMPTLY

**THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW**

		Glatfelter Claims Management, Inc P O Box 5126 York, PA 17405 Fax (717)747-7051 (800) 233-1957		60-295 313 M & T Bank Altoona, PA	CHECK NO. <b>0001107322</b> CHECK DATE <b>10/18/2018</b> Void 90 days after this date
CLAIM NUMBER	POLICY NUMBER	PAYEE TAXPAYER ID	AGENT 1		POLICY DATES
MOPF18100423	GPPAPF6058944-00	*****	RAI Insurance Group		7/1/2018-7/1/2019
AGENT 2		POLICY HOLDER		CLAIMANT	DATE OF LOSS
		REORGANIZED SCHOOL DISTRICT #5 OF		Jackson County Public Works	10/02/2018

PAY: Four Thousand Three Hundred Eighty Three Dollars And 56/100 Dollars \$\*\*\*\*\*4,383.56

TO THE ORDER OF JACKSON COUNTY PUBLIC WORKS  
ATTN: SARA MATHIS  
415 E 12TH ST, ROOM 105  
KANSAS CITY, MO 64106

*[Signature]*  
AUTHORIZED SIGNATURE