

**REQUEST FOR LEGISLATIVE ACTION**  
**EXECUTIVE OFFICE**

Completed by County Counselor's Office:  
 Res/Ord No.: 5232  
 Sponsor(s): Ronald Finley  
 Date: June 3, 2019

MAY 21 2019

SUBJECT	Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance  Project/Title: <u>Appropriating \$127,244.01 from the undesignated fund balance in acceptance of insurance proceeds from Travelers as it relates to burst pipes at the Downtown Courthouse</u>												
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="324 546 1209 1018"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$127,244.01</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>\$127,244.01</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 001 (General Fund)-1240 (Courthouse Flood Insurance) -47040 (Reimbursement for Damage Claims)</td> <td>FROM ACCT \$127,244.01</td> </tr> <tr> <td>TO 001 (General Fund) - 1240 (Courthouse Flood Insurance) – 56790 (Other Contractual)</td> <td>TO ACCT \$127,244.01</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:	\$127,244.01	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$127,244.01	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM 001 (General Fund)-1240 (Courthouse Flood Insurance) -47040 (Reimbursement for Damage Claims)	FROM ACCT \$127,244.01	TO 001 (General Fund) - 1240 (Courthouse Flood Insurance) – 56790 (Other Contractual)	TO ACCT \$127,244.01
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PRIOR LEGISLATION	Prior ordinances and (date): 5211 (3/25/19); 5205 (3/11/19)  Prior resolutions and (date):												
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Sarah Matthes, Grant Audit & Risk Manager, 881.3202												
REQUEST SUMMARY	Travelers Insurance sent one payment totaling \$127,244.01 to go towards repairs and other expenses related to the water line breaks at the Downtown Courthouse. Requesting that the \$127,244.01 be appropriated into 001-1240-56790 to cover repairs.												
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	Copy of Travelers Insurance check	
REVIEW	Department Director: <i>[Signature]</i>	Date: 5-21-2019
	Finance (Budget Approval): <i>If applicable</i> <i>[Signature]</i>	Date: 5/14/19
	Division Manager: <i>[Signature]</i>	Date: 5/21/19
	County Counselor's Office: <i>[Signature]</i>	Date: 5/21/2019

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:
001-1240-47040	General Fund – Courthouse Flood Insurance – Reimbursement for Damage Claims	\$127,244.01

- 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: May 14, 2019

ORD # 5232

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b><u>General Fund - 001</u></b>			
<u>1240 - Courthouse Flood Ins</u>	<u>47040 - Reimb Damage Claims</u>	<u>127,244</u>	
<u>2810</u>	<u>Undesignated Fund Balance</u>		<u>127,244</u>
<u>2810</u>	<u>Undesignated Fund Balance</u>	<u>127,244</u>	
<u>1240 - Courthouse Flood Ins</u>	<u>56790 - Other Contractual</u>		<u>127,244</u>

*Saul M. J.* 5/14/19  
Budgeting

THE TRAVELERS - TRAVELERS - PROPERT  
TRAVELERS - PROPERTY CLAIM  
P.O. BOX 430  
BUFFALO NY 14240-0430  
SA03965

891A 90241374

TRAVELERS 

DATE: 05/10/19  
LOSS DATE: 01/31/19  
FILE NUMBER: 877 FR FDH7165 J

JACKSON COUNTY, MO  
415 EAST 12TH ST. ROOM105  
KANSAS CITY MO 64106

AGENT:  
LOCKTON COMPANIES LLC

ACCOUNT NAME:  
JACKSON COUNTY, MO

THE TRAVELERS INDEMNITY COMPANY

EXPLANATION OF PAYMENT

Building \$127244.01  
TOTAL PAID \$127244.01

001-1240-47040  
Travelers PW DTCH 1/31/19 #4

SUPPLEMENT PAYMENT  
ATTN: SARAH MATTHES

FOR ADDITIONAL INFORMATION, CONTACT: DAVID B MCLEAN AT (913)967-9095

30003976  
- DETACH CHECK

UNSUM 2-121203  
DETACH CHECK 

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.  
One Penns Way  
New Castle DE 19720

TRAVELERS 

891A 90241374

82-20  
311

P.O. BOX 430  
BUFFALO NY 14240-0430  
(913)967-9095


DATE: 05/10/19  
ACCOUNT NUMBER: J99  
FILE NUMBER: 877 FR FDH7165 J

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

ONE HUNDRED TWENTY SEVEN THOUSAND TWO HUNDRED FORTY FOUR AND 01/100 ----- PAY: \$\*\*127,244.01

PAY TO THE ORDER OF JACKSON COUNTY, MO  
415 EAST 12TH ST. ROOM105  
KANSAS CITY MO 64106

107941  
3A03985



AUTHORIZED SIGNATURE

