

**REQUEST FOR LEGISLATIVE ACTION
EXECUTIVE OFFICE**

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 20282

Sponsor(s): Charlie Franklin

Date: October 14, 2019

SEP 30 2019

OCT 11 19 08:34

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Transferring \$22,000 from salaries to automobiles for replacement of a totaled vehicle in Health Services.</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>\$22,000</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>\$22,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$22,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>From:</td> <td></td> </tr> <tr> <td>002-1500-55010 Health Fund – Health Services – Regular Salaries</td> <td>\$22,000</td> </tr> <tr> <td>To:</td> <td></td> </tr> <tr> <td>002-1500-58120 Health Fund – Health Services – Automobiles</td> <td>\$22,000</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 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): _____ Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:	\$22,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$22,000	Amount budgeted for this item * (including transfers):	\$22,000	Source of funding (name of fund) and account code number:		From:		002-1500-55010 Health Fund – Health Services – Regular Salaries	\$22,000	To:		002-1500-58120 Health Fund – Health Services – Automobiles	\$22,000
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____ Prior resolutions and (date): _____</p>																		
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Deb Sees, Environmental Health Administrator, 816-847-7070</p>																		
<p>REQUEST SUMMARY</p>	<p>Transferring \$22,000 for purchase of a vehicle to replace a vehicle that was totaled in an accident on 6/4/2019. Insurance funds are not able to be recouped due to the responsible party driving a rental car. The extra money in salaries is due to be short staffed.</p>																		
<p>CLEARANCE</p>	<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>																		
<p>COMPLIANCE</p>	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>																		
<p>ATTACHMENTS</p>																			

REVIEW	Department Director: <i>Deb Sees</i>	Date: <i>9/25/19</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>9/30/19</i>
	Division Manager: <i>[Signature]</i>	Date: <i>9-30-19</i>
	County Counselor's Office: <i>[Signature]</i>	Date: <i>10/2/19</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:
[Redacted]	[Redacted]	[Redacted]

- 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.

Fiscal Note:


Funds sufficient for this transfer are available from the sources indicated below.

PC# _____

Date: September 30, 2019

RES # 20282

Department / Division	Character/Description	From	To
002 Health Fund			
1500 Health Services	55010 Regular Salaries	\$ 22,000	\$ -
1500 Health Services	58120 Automobiles	-	22,000
		<u>\$ 22,000</u>	<u>\$ 22,000</u>

 9/30/19

 Budget Officer