

**REQUEST FOR LEGISLATIVE ACTION  
EXECUTIVE OFFICE**

Completed by County Counselor's Office:  
~~Res~~ Ord No.: 5223  
 Sponsor(s): Tony Miller  
 Date: April 29, 2019

APR 23 2019

SUBJECT	Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance  Project/Title: <u>Appropriating \$5,035.25 in acceptance of insurance proceeds for the repair of a damaged vehicles for use in the Parks + Rec Department.</u>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$5,035.25</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>\$5,035.25</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: 003-9999-47040 Park Fund – Reimbursement Damage Claims  AND FROM: 003-9999-47040 Park Fund – Reimbursement Damage Claims  TO: 003-1614-56530 Park Fund – Maint. &amp; Repair Auto Equipment</td> <td>FROM ACCT \$4,519.35  FROM ACCT \$515.90  TO ACCT \$5,035.25</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:	\$5,035.25	Amount previously authorized this fiscal year:	\$	Total amount authorized after this legislative action:	\$5,035.25	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM: 003-9999-47040 Park Fund – Reimbursement Damage Claims  AND FROM: 003-9999-47040 Park Fund – Reimbursement Damage Claims  TO: 003-1614-56530 Park Fund – Maint. & Repair Auto Equipment	FROM ACCT \$4,519.35  FROM ACCT \$515.90  TO ACCT \$5,035.25
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PRIOR LEGISLATION	Prior ordinances and (date):  Prior resolutions and (date):										
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Brian Nowotny, Deputy Director Park Operations, (816) 503-4803.										
REQUEST SUMMARY	Requesting \$5,035.25 to be appropriated in acceptance of insurance proceeds from Geico Secure Insurance Company (\$4,519.35) and MOPERM (\$515.90) for Parks vehicles damaged in the line of duty.										

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 insurance checks.	
REVIEW	Department Director: <i>Michael Steer</i>	Date: 4-18-19
	Finance (Budget Approval): If applicable <i>Paul [Signature]</i>	Date: 4/23/19
	Division Manager: <i>[Signature]</i>	Date: 4/23/19
	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:
003-9999-47040	Park Fund – Reimbursement Damage Claims	\$5,035.25

- 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: April 23, 2019

ORD # 5223

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
<b>Park Fund - 003</b>			
9999	47040 - Reimb Damage Claim	5,036	
2810	Undesignated Fund Balance		5,036
2810	Undesignated Fund Balance	5,036	
1614 - Equipment Service Center	56530 - Maint & Repair Vehicles		5,036

*Saul M. D.* 4/23/19  
Budgeting

# Detailed Payment Summary

NO. N621313422

GEICO SECURE INSURANCE COMPANY  
PO BOX 509105  
SAN DIEGO CA, 92150

Claim #  
0635073410101026-04

Date of Loss  
2/6/2019

Date  
3/26/2019

Field Claim Center  
REGION V DALLAS

Adjuster Code  
CDFL

Payment Type  
LOSS

Tax ID/SS#/Atty ADJ Code

Claimant Name  
SARA MATHIS

Total Amount  
\$4,519.35

Insured Name  
CHARLES ANTHONY GLASS

Pay To  
JACKSON COUNTY MISSOURI

Feature and Amount  
APD \$4,519.35

In Payment Of  
PROPERTY DAMAGE COVERAGE  
OWNER

### Visit [geico.com](http://geico.com)

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at [geico.com](http://geico.com)! \*GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages. \*Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

\* These online services are unavailable to Assigned Risk Policyholders.

C-624-BK

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO SECURE INSURANCE COMPANY  
PO BOX 509105  
SAN DIEGO CA, 92150

Bank of America  
HARTFORD, CT 06210  
Claim Number: 0635073410101026-04  
Insured Name:  
CHARLES ANTHONY GLASS

NO. N621313422

VOID AFTER 180 DAYS

Date: 3/26/2019

Claimant Name:  
SARA MATHIS

Feature Symbol and Amount:  
APD \$4,519.35

Amount:  
\$4,519.35

\*\*FOUR THOUSAND FIVE HUNDRED NINETEEN AND 35/100 DOLLARS\*\*\*\*\*

Pay to the Order Of: JACKSON COUNTY MISSOURI

In Payment Of: PROPERTY DAMAGE COVERAGE OWNER

Mail To: JACKSON COUNTY MISSOURI  
415 E 12TH ST  
KANSAS CITY MO, 64106  
US



25849

04/12/2019



**Missouri Public Entity Risk Management Fund**

3425 Constitution Ct., 3rd Floor  
P.O. Box 7110  
Jefferson City, MO 65102-7110



**Central Bank**

P.O. Box 779  
Jefferson City, Missouri 65102  
80-63/865



Security Features. Details on back.

PAY  
TO THE  
ORDER OF / FIVE HUNDRED FIFTEEN AND 90 / 100

\$ 515.90

DOLLARS

COUNTY OF JACKSON  
415 B 12TH 2ND FLOOR  
KANSAS CITY MO 64106

Void After 90 Days

TWO SIGNATURES REQUIRED



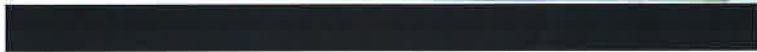
*[Signature]*

*[Signature]*

AUTHORIZED SIGNATURE

MEMO

Claim Payments



**MOPERM**

04/12/2019

25849

Claim Number	Claimant	Member Name	Description	Amount
AP19-0043877-1	COUNTY OF JACKSON	COUNTY OF JACKSON	Repair 1999 Ford F350/Parke	\$1,515.90
AP19-0043877-1	COUNTY OF JACKSON	COUNTY OF JACKSON	Deductible Applied	-\$1,000.00
<b>Total</b>				<b>\$515.90</b>

