

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/Ord No.: 5350

Sponsor(s): Crystal Williams

Date: June 1, 2020

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: An ordinance accepting insurance proceeds in the amount of \$17,565.21 relating to 3 separate incidents:</p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="363 575 1446 877"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$17,565.21</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>\$17,565.21</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number: FROM: 001-32810 – General Fund-Undesignated Fund Balance</td> <td>\$17,565.21</td> </tr> <tr> <td>TO: 001-4201-56530 – General Fund-Sheriff's Office-Main & Repair-Auto Equipment</td> <td>\$17,565.21</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:	\$17,565.21	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$17,565.21	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number: FROM: 001-32810 – General Fund-Undesignated Fund Balance	\$17,565.21	TO: 001-4201-56530 – General Fund-Sheriff's Office-Main & Repair-Auto Equipment	\$17,565.21
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date):</p>												
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Deputy James Murphy 816.541.8017</p>												
REQUEST SUMMARY	<p>Requesting \$1,086.76 be appropriated into 001-4201-56530 in acceptance of insurance proceeds from Automobile Club Insurance Exchange for damage sustained to a 2017 Ford Explorer patrol vehicle on 10/17/2019. Requesting \$8,785.10 be appropriated into 001-4201-56530 in acceptance of insurance proceeds from MOPERM for damage sustained to a 2018 Ford Explorer patrol vehicle on 11/4/2019. Requesting \$7,693.35 be appropriated into 001-4201-56530 in acceptance of insurance proceeds from MOPERM for damage sustained to a 2014 Dodge Charger patrol vehicle on 4/10/2020.</p> <p>The total requested appropriation is \$17,565.21.</p>												
CLEARANCE	<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>												
COMPLIANCE	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>												
ATTACHMENTS	<p>Copy of 3 insurance checks</p>												

REVIEW	Department Director: <i>[Signature]</i>	Date: 5-20-2020
	Finance (Budget Approval): <i>If applicable</i>	Date:
	Division Manager: <i>[Signature]</i>	Date: 5-26-2020
	County Counselor's Office: <i>[Signature]</i>	Date: 5/27/20

APPROVED
By Sarah Matthes at 8:31 am, May 22, 2020

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:
001-32810	General Fund-Undesignated Fund Balance	\$17,565.21

- 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.



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

27630
12/16/2019



PAY TO THE ORDER OF EIGHT THOUSAND SEVEN HUNDRED EIGHTY-FIVE AND 10 / 100

\$ 8,785.10

DOLLARS

Void After 90 Days

TWO SIGNATURES REQUIRED

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

Brenda L. Gibson
AFFIRMED SIGNATURE

MEMO Claim Payments



MOPERM

12/16/2019

27630

Claim Number	Claimant	Member Name	Description	Amount
AP19-0044758-1	COUNTY OF JACKSON	COUNTY OF JACKSON	Repair 2018 Ford Explorer/Sheriff	\$9,785.10
AP19-0044758-1	COUNTY OF JACKSON	COUNTY OF JACKSON	Deductible Applied	-\$1,000.00
Total				\$8,785.10

001-9999-47040 -19
MOPERM - Sheriff Dmg Claim 11/4/19

Security Features: Details on back



001-9999-47040
 AAA - Sheriff Dmg Claim 10/17/19

JACKSON COUNTY SHERRIFF
 415 E. 12TH ST
 ROOM 105
 KANSAS CITY, MO. 64106

AUTOMOBILE CLUB INTERINSURANCE EXCHANGE					Check No: 0001143955
					Issued Date: 02/17/2020
Claim Number	Date of Occurrence	COV Type	COV Type	Type of Payment	Payment/Withholding Information
PA0001539026	10/17/19				Total Payment Amount: \$1,086.76
Named Insured (Last, First, Middle) BARBARA WILLOUGHBY					Federal Withholding: \$0.00
Name of Claimant					State Withholding: \$0.00
					Total Check Amount: \$1,086.76
Payment Memo In Payment of: pd / cv est. \$1086.76 / 2018 Ford Interceptor					
Handling Adjuster Jason Gretzschel			Adjuster Number		District Office
Telephone 314-523-7350	Envelope Number E-25	Document BLK	U.S.		Stop Code

HARLAND CLARKE 10/21 REV 10/15 18/128378

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER VOID AFTER 6 MONTHS

AUTOMOBILE CLUB INTERINSURANCE EXCHANGE
 12901 North Forty Drive
 St Louis, Missouri 63141 (314-523-7350)

Bank of America
 70-2328
 719

02/17/2020 No. 0001143955

PAY One Thousand Eighty-Six Dollars And Seventy-Six Cents*****

\$ *****1,086.76

PAY JACKSON COUNTY SHERRIFF
 TO THE 415 E. 12TH ST
 ORDER KANSAS CITY MO 64106
 OF

Rajiv Varma

AUTHORIZED SIGNATURE

Memo Type: Office:
 Insured: BARBARA WILLOUGHBY
 Claimant:
 Claim Number: PA0001539026 Date of Occurrence: 10/17/19 Coverage Type:

0001143955 007 9232811 87650 17435

Security Features Included ED Details on Back



MOPERM

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

04/22/2020

28446



SEVEN THOUSAND SIX HUNDRED NINETY-THREE AND 35 / 100

\$ 7,693.35

DOLLARS

Void After 90 Days

TWO SIGNATURES REQUIRED

PAY
TO THE
ORDER OF

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



Brenda L. Gibson
AUTHORIZED SIGNATURE

Details on back

MEMO

Claim Payments

