

FORSYTH COUNTY
BOARD OF COMMISSIONERS**DRAFT**MEETING DATE: SEPTEMBER 26, 2019AGENDA ITEM NUMBER: 6

SUBJECT: AMENDMENT TO THE 2018 MOTIVE EQUIPMENT REPLACEMENT CAPITAL PROJECTS ORDINANCE TO APPROPRIATE FUNDS INCLUDED IN THE FY 2019-2020 BUDGET ORDINANCE AND INSURANCE CLAIMS PROCEEDS (NON-DEPARTMENTAL)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:**SUMMARY OF INFORMATION:**

This agenda item is two-fold in purpose:

1. To transfer \$34,500 from the General Fund that was included in the FY20 Emergency Services operating budget to the 2018 Motive Equipment Replacement CPO for the Emergency Services allocation. These funds were included in the FY 2019-2020 Budget Ordinance as capital outlay associated with the EMS Assistant Shift Supervisors ASL.
2. To appropriate insurance proceeds in the amount of \$23,517.12 for two separate, no fault incidents that occurred during FY 2019. One of these accidents involved the Sheriff's Office and one involved Animal Control. The vehicles in both accidents were determined to be total losses. The County has received insurance proceeds that are to be distributed back to the Motive Equipment Replacement CPO for future vehicle replacement purposes as follows:

Sheriff's Office – vehicle #2693
2013 Ford Fusion - \$6,302.00

Animal Control – vehicle #1375
2015 Ford F-250 - \$17,215.12

The total appropriation is in the amount of \$58,017.12 to be allocated as follows:

| | |
|-------------------------------------|---------------------------|
| EMERG MOTIVE EQUIP – EMERG SERVICES | \$34,500.00 |
| EMERG MOTIVE EQUIP – ANIMAL CONTROL | \$17,215.12 |
| EMERG MOTIVE EQUIP – SHERIFF | <u>\$ 6,302.00</u> |
| TOTAL | <u>\$58,017.12</u> |

ATTACHMENTS: Yes No

SIGNATURE: _____ DATE: _____

COUNTY MANAGER

**FORSYTH COUNTY, NORTH CAROLINA
AMENDMENT TO
2018 MOTIVE EQUIPMENT REPLACEMENT CAPITAL PROJECTS ORDINANCE**

FROM: BUDGET & MANAGEMENT

MEETING DATE: September 26, 2019

EXPLANATION:

This agenda item is two-fold in purpose:

1. To transfer \$34,500 from the General Fund that was included in the FY20 Emergency Services operating budget to the 2018 Motive Equipment Replacement CPO for the Emergency Services allocation. These funds were included in the FY 2019-2020 Budget Ordinance as capital outlay associated with the EMS Assistant Shift Supervisors ASL.
2. To appropriate insurance proceeds in the amount of \$23,517.12 for two separate, no fault incidents that occurred during FY 2019. One of these accidents involved the Sheriff's Office and one involved Animal Control. The vehicles in both accidents were determined to be total losses. The County has received insurance proceeds that are to be distributed back to the Motive Equipment Replacement CPO for future vehicle replacement purposes as follows:

Sheriff's Office – vehicle #2693
2013 Ford Fusion - \$6,302.00

Animal Control – vehicle #1375
2015 Ford F-250 - \$17,215.12

**BE IT ORDAINED BY THE FORSYTH COUNTY BOARD OF COMMISSIONERS THAT THE
2018 MOTIVE EQUIPMENT REPLACEMENT CAPITAL PROJECTS ORDINANCE IS HEREBY AMENDED
AS FOLLOWS:**

| | | |
|-----------|-------------------------|--------------------|
| INCREASE: | <u>REVENUES.</u> | |
| | OTHER FINANCING SOURCES | \$34,500.00 |
| | OTHER REVENUES | <u>\$23,517.12</u> |
| | TOTAL | \$58,017.12 |

| | | |
|-----------|-------------------------------------|--------------------|
| INCREASE: | <u>EXPENDITURES.</u> | |
| | EMERG MOTIVE EQUIP – EMERG SERVICES | \$34,500.00 |
| | EMERG MOTIVE EQUIP – ANIMAL CONTROL | \$17,215.12 |
| | EMERG MOTIVE EQUIP – SHERIFF | <u>\$ 6,302.00</u> |
| | TOTAL | \$58,017.12 |

NATURE OF TRANSACTION:

- Additional Revenue Available
- Transfer within Accounts of Same fund
- Other: Appropriate Transfer from General Fund

APPROVED BY BOARD OF COUNTY COMMISSIONERS AND ENTERED ON MINUTES DATED _____
AGENDA ITEM NUMBER _____

CLAIM OFFICE ADDRESS:
P.O. BOX 461
SAINT LOUIS, MO 63166-0461



| | | |
|-----------|--------------------------------|-------------------------|
| CB CODE 1 | CHECK REFERENCE 47459679 | CHECK DATE 8/13/2019 |
| 404 | CHECK AMOUNT *****17,215.12 | BLOCK NUMBER 018893 |

PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 04/14/19

PAGE 1 OF 1

INSURED NAME: STEWART,CHRISOPHER

U/W CO: LM INSURANCE CORPORATION

OSN: VV0101081303-000180

CLAIM NUMBER: 039837107-0003

POLICY NUMBER: AB5-357-659947-408

INSURED OPERATOR:

CLAIMANT NAME: FORSYTH COUNTY GOVERNMENT

| COVERAGE | INVOICE NO | DATES OF SERVICE | CHARGES | PAID AMT | ADJUSTMENTS |
|---------------------------------------|------------|------------------|----------------------------|----------|-------------|
| LIABILITY PROPERTY DAMAGE | | | 17215.12 | 17215.12 | |
| PAYMENT TO: FORSYTH COUNTY GOVERNMENT | | | TOTAL CHARGE: | 17215.12 | |
| | | | TOTAL PAID: | 17215.12 | |
| | | | TOTAL DEDUCTIBLE: | 0.00 | |
| | | | TOTAL FEDERAL WITHHOLDING: | 0.00 | |
| | | | CHECK AMOUNT: | 17215.12 | |

NOTES

THIS PAYMENT REPRESENTS THE TOTAL LOSS VALUE OF YOUR VEHICLE. COST TO REPAIR EXCEEDS THE VALUE OF YOUR VEHICLE PRIOR TO THE ACCIDENT.

Total Loss
1375
April 14, 2019
993189-1536

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

LAKE NORMAN, NC
P.O. BOX 461
SAINT LOUIS, MO 63166-0461

51-44/119
Bank of America
Hartford, CT

17,215.12

PAY SEVENTEEN THOUSAND TWO HUNDRED FIFTEEN DOLLARS TWELVE CENTS

| OFFICE NO. | CB CODE | PAYMENT IDENTIFICATION | CHECK NUMBER | CHECK DATE |
|------------|---------|------------------------|--------------|------------|
| 0591 | 404 | CLAIM 039837107-0003 | 47459679 | 8/13/2019 |

PAY \$ 17,215.12

PAY TO THE ORDER OF: FORSYTH COUNTY GOVERNMENT
201 N CHESTNUT ST
WINSTON SALEM, NC 27101-4120

Deaf Janyell

⑈ 4 7 4 5 9 6 7 9 ⑈ ⑆ 0 1 1 9 0 0 4 4 5 ⑆ 0 0 2 2 4 0 0 7 2 0 6 5 ⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

Detailed Payment Summary

NO. N621222540

GEICO INDEMNITY
ONE GEICO LANDING
VIRGINIA BEACH VA, 23454-5694

| | | |
|---|---------------------------|--------------------------------------|
| Claim # 0634460400107025-02 | Date of Loss 5/10/2019 | Date 8/8/2019 |
| Field Claim Center REGION VII VIRGINIA BEACH | Adjuster Code CK29 | Payment Type LOSS |
| | | Tax ID/SS#/Atty ADJ Code |
| Claimant Name FORSYTHE COUNTY | | Total Amount \$6,302.00 |
| Insured Name HANNAH NICOLE MILLER | | |
| Pay To FORSYTH COUNTY | | Feature and Amount APD \$6,302.00 |

In Payment Of
PROPERTY DAMAGE COVERAGE

Total Loss
#2693, 2013 Ford Fusion
May 10, 2019
1536-993191, 50


Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at 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 INDEMNITY ONE GEICO LANDING VIRGINIA BEACH VA, 23454-5694 | Bank of America HARTFORD, CT 06210 51-44 119 CT | NO. N621222540 |
| Claimant Name: FORSYTHE COUNTY | Claim Number: 0634460400107025-02 | VOID AFTER 180 DAYS |
| Feature Symbol and Amount: APD \$6,302.00 | Insured Name: HANNAH NICOLE MILLER | Date: 8/8/2019 |
| | | Amount: \$6,302.00 |
| **SIX THOUSAND THREE HUNDRED TWO AND 00/100 DOLLARS***** | | |
| Pay to the Order Of: FORSYTH COUNTY | In Payment Of: PROPERTY DAMAGE COVERAGE | |
| Mail To: FORSYTHE COUNTY 201 N CHESTNUT ST WINSTON SALEM NC, 27101-4120 US | |  |

⑈0621222540⑈ ⑆011900445⑆ 000000019191⑈

(DEPOSITORY BANK USE ONLY)

(ALL PAYEES MUST ENDORSE HERE)