

FORSYTH COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: SEPTEMBER 26, 2019

AGENDA 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: Recommend Approval

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: f. Dudley Watts Jr. / AMS

COUNTY MANAGER

DATE: September 20, 2019

**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.
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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 481
SAINT LOUIS, MO 63166-0481



B: CODE 1
404

CHECK REFERENCE 47459679	CHECK DATE 8/13/2019
CHECK AMOUNT *****17,215.12	BLOCK NUMBER 018893

PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 04/14/19

PAGE 1 OF 1

INSURED NAME: STEWART, CHRISTOPHER

U/W CO: LM INSURANCE CORPORATION

OSN: VV0101081303-000180

CLAIM NUMBER: 039837107-0003

POLICY NUMBER: ABS-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 481
SAINT LOUIS, MO 63166-0481

51-44/119
Bank of America
Hartford, CT

17,215.12

PAY SEVENTEEN THOUSAND TWO HUNDRED FIFTEEN DOLLARS TWELVE CENTS

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

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

PAY \$ 17,215.12

Paul Farnell

⑆ 47459679 ⑆ 011900445⑆ 002240072065⑆

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
Claimant Name FORSYTHE COUNTY		Tax ID/SSN/Atty ADJ Code
Insured Name HANNAH NICOLE MILLER		Total Amount \$6,302.00
Pay To FORSYTH COUNTY		Feature and Amount APD \$6,302.00

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

In Payment Of
PROPERTY DAMAGE COVERAGE


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		

(DEPOSITORY BANK USE ONLY)

(ALL PAYEES MUST ENDORSE HERE)