

AGENDA TRANSMITTAL FORM

<input type="radio"/> Regular Agenda <input checked="" type="radio"/> Consent Agenda <input type="radio"/> Blue Slip <input type="radio"/> Closed Session Meeting Date Requested: 02/24/2015

To: **Board of Supervisors**
 Date: 02/18/2015

From: Chuck Iley, County Administrative Officer Phone Ext. 470
(Department Head - please type)

Department Head Signature *Chris*

Agenda Title: Property Insurance Administration-Short term transfer of funds and increase Property Insurance Budget

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Short term transfer between Insurance accounts of \$100,000.00, Workers' Compensation to Property and increasing Professional and Specialized Services to pay for repairs/equipment damaged by water at the County Administration Center on February 8, 2015. When expenses are reimbursed by insurance, the short term loan will be repaid.

Recommendation/Requested Action:
Approve transfer of funds and increase in budget

Fiscal Impacts (attach budget transfer form if appropriate) See attached Budget Transfer Request	Staffing Impacts
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Is a 4/5ths vote required? Yes <input checked="" type="radio"/> No <input type="radio"/>	Contract Attached: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Resolution Attached: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Ordinance Attached: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Comments: _____
Committee Review? Name _____ N/A <input type="checkbox"/> Committee Recommendation: _____	

Request Reviewed by:

Chairman _____	Counsel _____
Auditor _____	GSA Director _____
CAO _____	Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
Copy to Risk Manager, Budget Analyst, Auditor-Controller

FOR CLERK USE ONLY

Meeting Date <u>February 24, 2015</u>	Time <u>9 a.m.</u>	Item # <u>Addendum</u>
Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___		
Ayes: _____	Resolution _____	Ordinance _____
Noes _____	Resolution _____	Ordinance _____
Absent: _____ Comments: _____		

Distributed on _____	A new ATF is required from _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____	Department _____ For meeting _____ of _____	



**AMADOR COUNTY
ADMINISTRATIVE AGENCY**

County Administration Center
810 Court Street ▪ Jackson, CA 95642-9534
Telephone: (209) 223-6470
Facsimile: (209) 257-0619
Website: www.co.amador.ca.us

MEMORANDUM

TO: Chuck Iley – County Administrative Officer

FROM: Karen Scaccianoce – Budget Analyst, County Admin. Office

SUBJECT: **Temporary Loan and Budget Increase to Pay for County Administrative Center Repairs caused by Water Damage on February 8, 2015**

DATE: **February 18, 2015**

In an effort to expedite the repairs and replacement of equipment caused by water damage at the County Administrative Center February 8, 2015, a short term transfer of funds from the Workers' Compensation account of \$100,000.00, to the Property account is being requested. The Professional and Specialized Services budget line item in the Property account will then be increased by \$100,000.00 to pay for repairs and equipment replacement. Keeping all the payments for repairs and replacement in one budget will help ensure sure all payments are tracked and submitted for reimbursement.

The Risk Manager is working closely with our Insurance Company, and when we get reimbursed for the expenses incurred we will be paying back the loan to the Workers' Compensation account.

cc: Lisa Hopkins, Risk Manager

DATE: 2/24/2015

REQUESTED BY: Chuck Iley

DEPARTMENT: County Administrative Officer

APPROVED BY ADMINISTRATIVE OFFICER: _____ DATE: 2/18/2015

APPROVED BY ADMINISTRATIVE COMMITTEE: _____ DATE: _____

APPROVED BY BOARD OF SUPERVISORS: _____ DATE: 2/24/2015

APPROVED BY AUDITOR/CONTROLLER: _____ DATE: _____

JOURNAL ENTRY NO. _____

BUDGET APPROPRIATIONS				REVENUE APPROPRIATIONS			
DEPARTMENT	ACCOUNT	INCREASE	DECREASE	FUND #	REVENUE #	INCREASE\$	DECREASE\$
7964	52300	\$100,000.00		7964	47890	\$100,000.00	

REASON FOR THE REQUEST:

Short term loan from Workers' Compensation account to Property account, increasing Professional & Specialized Services by same amount to pay for repairs and damages caused by the water damage in the County Administration Center on February 8, 2015.

Expenses will be reimbursed by insurance and Workers' Compensation account will be reimbursed at that time.

- PLEASE NOTE:**
- TRANSFERS BETWEEN OBJECTS - SALARIES & BENEFITS TO SERVICES & SUPPLIES BOARD OF SUPERVISORS APPROVAL
 - TRANSFER WITHIN OBJECTS - OFFICE EXPENSE TO TRAVEL - COUNTY ADMINISTRATOR APPROVAL
 - FIXED ASSETS - BOARD OF SUPERVISORS APPROVAL
 - TOTAL DOLLARS BUDGET INCREASE - BOARD OF SUPERVISORS APPROVAL