



## Christian County Commission

100 West Church St, Room 100  
Ozark, MO 65721

**SCHEDULED**

**MEETING ATTACHMENTS (ID # 5273)**

Meeting: 06/17/21 08:55 AM

Department: County Clerk

Category: Meeting Items

Prepared By: Paula Brumfield

Initiator: Paula Brumfield

Sponsors:

DOC ID: 5273

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# Meeting Attachments

### ATTACHMENTS:

- 061721 STORAGE AREA FLOORING CEILING LIGHTING - COUNTY CLERK (PDF)
- 061721 PROPERTY LIABILITY WORK COMP RENEWAL - CONNELL INSURANCE (PDF)
- 061721 BUDGET AMENDMENT HEARING - ARPA FUNDS (PDF)



# HAMBNEY CONSTRUCTION

Today's Date: 06/09/2021	Notification Due Date and Time: 06/25/2021 at 5pm
To Be Delivered/Completed No Later Than:	Project: CC HCH – Clerk's Office Storage Area Flooring
Project Mailing Address: 100 W. Church St., Room 100 Ozark, MO 65721	Delivery/Project Location: 100 W. Church St. #304 Ozark, MO 65721

**Work Plan Description:**

Skim coat and prep existing concrete floor (approx. 12'x28') to smooth out for installation of vinyl plank.
Installation of 6ml glue down vinyl plank flooring (approx. 336 sq. ft.).

**Labor:**

	Manager/Carpenter	Rate	No. of Crew	No. of Hours ea	Total
Regular Time	Journeyman	\$35.00	2	12	\$840.00
Regular Time	Foreman	\$40.00	1	6	\$240.00

**Material:**

Qty	Material Type	Amount
1	Floor patch, glue, approx. 336 sq. ft. of 6ml vinyl plank flooring and misc. materials	\$656.08

**Guaranteed Not-To-Exceed Price to Complete this Project: \$ 1,736.08**



# HAMBHEY CONSTRUCTION

Today's Date: 06/08/2021	Notification Due Date and Time: 06/25/2021 at 5pm
To Be Delivered/Completed No Later Than:	Project: CC HCH – Clerk's Office Storage Area Suspended Ceiling & Lights
Project Mailing Address: 100 W. Church St., Room 100 Ozark, MO 65721	Delivery/Project Location: 100 W. Church St. #304 Ozark, MO 65721

**Work Plan Description:**

Removal of (3) existing 8' led strip lights.
Provide & install (6) new 2'x4' led flat panel light fixtures in new suspended ceiling.
Provide & install new suspended ceiling in approx. 28'x12' area.

**Labor:**

	Manager/Carpenter	Rate	No. of Crew	No. of Hours ea	Total
Regular Time	Journeyman	\$35.00	2	16	\$1,120.00
Regular Time	Foreman	\$40.00	1	9	\$360.00
Regular Time	Electrician	\$50.00	1	9	\$450.00

**Material:**

Qty	Material Type	Amount
1	(6) led 2'x4' flat panel lights, wire and misc. electrical materials	\$584.10
1	Wall angle, main beams, 2' cross tees, 4' cross tees, ceiling tiles, grid wires, rivets, tapcons and misc. ceiling materials	\$703.48

**Guaranteed Not-To-Exceed Price to Complete this Project: \$ 3,217.58**

COUNTY OF CHRISTIAN  
STATE OF MISSOURI

No 6505

REQUISITION FOR MATERIAL

I CERTIFY THAT THE ITEMS LISTED BELOW ARE NECESSARY FOR THE PROPER OPERATIONS OF THIS DEPARTMENT AND THAT UNENCUMBERED BALANCES ARE SUFFICIENT TO MEET ESTIMATED COST



Vendor Green Valley

P.O. No. 101501

OFFICE Police Dept

Authorizing Signature

DATE: 1-15-09

Quantity	Fund	Description	Price
		<u>1000000000</u>	<u>1000000</u>
		<u>1000000000</u>	<u>1000000</u>
<b>TOTAL &gt;</b>			

This transaction complies with RSMo. Section 50.160, 50.166, and 50.660, unless otherwise noted

Vendor \_\_\_\_\_ Code: P = Purchase S = Supply  
 Address \_\_\_\_\_ B = Bid SB = State Bid  
 C = Contract Q = Quote

Auditor Certification

I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of anticipated revenue appropriated for payment of same. (for use with First and Second class counties only)

[Signature] Audited By [Signature] Auditor Certification [Signature] Date 1-15-09

ORDER TO ISSUE WARRANT

Christian County Commission on the 20 day of 1, 11, does hereby approve the purchase above, and, upon receipt of the item/items and/or the performance of such services and receipt of the correct invoice, thereafter orders the County Clerk to issue a warrant therefor.

[Signature] Presiding Commissioner [Signature] Western Commissioner [Signature] Eastern Commissioner

I, Kay Brown, Clerk of the County Commission, hereby certify the above to be a true copy of proceedings of said County Commission, on the day and year above written as the same appears of record in my office.

WARRANT:

TREASURER OF THE COUNTY OF CHRISTIAN: Pay to the vendor above described \$ \_\_\_\_\_ out of any money in the treasury appropriated for the payment of the above-described item.

Given at the courthouse this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by order of the County Commission.

Attest: \_\_\_\_\_ Clerk \_\_\_\_\_ Check No. \_\_\_\_\_ Auditor



**TOKIO MARINE  
HCC**

Applicant Name: **CHRISTIAN COUNTY - CHRISTIAN**  
Policy Effective Date: 07/01/2021  
Application Number: T001020005701

### **Tokio Marine HCC Public Risk APPLICATION DECLARATION**

After complete investigation and inquiry, to the best of applicant's knowledge and belief, no principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy.

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.** The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in this application.

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or other party to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as an insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to any question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Signature of authorized official:  Date 6/16/2021

Print name of authorized official: Ralph Phillips

Title of authorized official: Presiding Commissioner

Client Name: **CHRISTIAN COUNTY**  
Application #: T001020005701  
**Missouri - HCCPR - Open Market**

6/17/2021 7:41:01 AM



SIGN  
HERE

Signature of Applicant's Authorized  
Representative

Name (Printed)

Residing Commissioner

Title

Date 6/17/2021

# CLAIM EXPENSES WITHIN LIMITS OF LIABILITY DISCLOSURE NOTICE

BCSI-X008 (01/15)

CERTAIN COVERAGES OFFERED UNDER THIS POLICY ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION(S).

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THIS POLICY, CLAIM EXPENSES SHALL BE PART OF AND NOT IN ADDITION TO THE APPLICABLE LIMITS OF LIABILITY STATED IN THE DECLARATIONS AND, BY SIGNING THIS FORM; I DO CONSENT TO THIS POLICY PROVISION.

Named Insured

 SIGN  
HERE

Title

Presiding Commissioner

Date

7/17/2021

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

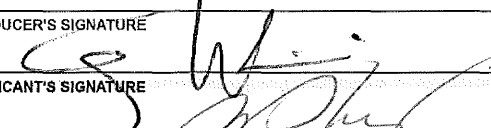

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Gregory Williams	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 6/10/21	NATIONAL PRODUCER NUMBER 5702902



GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

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**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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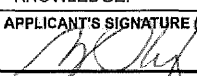
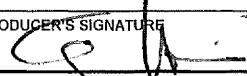
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**Applicable in UT:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	6/17/21		8702902

SIGN  
HERE

# Budget Adjustment Request Form

County of CHRISTIAN ♦♦♦ State of MISSOURI

2021-1

Date: 6/7/2021

PERSON REQUESTING	TITLE/POSITION	DEPARTMENT
Ralph Phillips	Presiding Commissioner	County Operations

Item (s) Requested : \_\_\_\_\_

Reason for Request: Additional funds received from Federal Government

Amount Requested : See Attached

Source of Funds: American Rescue Plan Act  
(Other Rev., Grants, etc..)

Line Item Coverage : See Attached \$ 8,624,270.00  
(Account No(s).) See Attached

I certify that the items(s) listed above is(are) appropriate and necessary for the operation of this department and that there is sufficient funds to cover the estimated cost.

Signature: 

Date: 6/7/21

## CERTIFICATION OF AUDITOR

I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of anticipated revenue appropriated for payment of same.

  
Auditor Certification

6/17/21  
Date

## APPROVAL OF THE CHRISTIAN COUNTY COMMISSION

6/17/2021  
Date

  
Presiding Commissioner

  
Commissioner Eastern District

  
Commissioner Western District



Christian County, MO

# Budget Adjustment Report

## Adjustment Detail

For Date Range: 06/01/2021 - 06/30/2021

Account Number	Account Name	Packet Number	Post Date	Original Budget	Budget Adjustments Amount	Current Budget
<b>Adjustment Number Adjustment Description</b>						
<b>Budget Code: Final Budget - Final Approved Budget Fiscal: 2021</b>						
<b>Fund: 560 - ARPA Funds</b>						
<b>Revenue</b>						
<u>560-43110</u>	Disaster Grant			0.00	-8,604,270.00	-8,604,270.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		-8,604,270.00	
<u>560-46611</u>	Interest			0.00	-20,000.00	-20,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		-20,000.00	
<b>Revenue Total:</b>				<b>0.00</b>	<b>-8,624,270.00</b>	<b>-8,624,270.00</b>
<b>Expense</b>						
<u>560-610-51130</u>	Contract Labor			0.00	200,000.00	200,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		200,000.00	
<u>560-610-52515</u>	EXPENSES (CATCHALL)			0.00	500,000.00	500,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		500,000.00	
<u>560-610-52517</u>	Grants to External Entities			0.00	200,000.00	200,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		200,000.00	
<u>560-610-53720</u>	Infrastructure Project Expenditures			0.00	3,000,000.00	3,000,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		3,000,000.00	
<u>560-610-54700</u>	Buildings & Building Improvements			0.00	2,000,000.00	2,000,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		2,000,000.00	
<u>560-900-61000</u>	Transfer to GR			0.00	600,000.00	600,000.00
BA0000061	ARPA Funds Received	GLPKT10420	06/01/2021		600,000.00	
<b>Expense Total:</b>				<b>0.00</b>	<b>6,500,000.00</b>	<b>6,500,000.00</b>
<b>Fund 560 Total:</b>				<b>0.00</b>	<b>-2,124,270.00</b>	<b>-2,124,270.00</b>
<b>Budget Code Final Budget Total:</b>				<b>0.00</b>	<b>-2,124,270.00</b>	<b>-2,124,270.00</b>

# Description

# Fund Summary

Description	Fund	Original Budget	Budget Adjustments	Current Budget
Budget Code: Final Budget - Final Approved Budget		Fiscal: 2021		
	560	0.00	-2,124,270.00	-2,124,270.00
<b>Budget Code Final Budget Total:</b>		<b>0.00</b>	<b>-2,124,270.00</b>	<b>-2,124,270.00</b>



Christian County, MO

# Budget Adjustment Report

## Adjustment Detail

For Date Range: 06/01/2021 - 06/30/2021

Account Number	Account Name	Packet Number	Post Date	Original Budget	Budget Adjustments Amount	Current Budget
<b>Adjustment Number Adjustment Description</b>						
<b>Budget Code: Final Budget - Final Approved Budget Fiscal: 2021</b>						
<b>Fund: 101 - Christian County General Fund</b>						
<b>Revenue</b>						
<u>101-49560</u>	TRANSFERS IN ARPA			0.00	-600,000.00	-600,000.00
BA0000062	ARPA - GR Changes	GLPKT10420	06/01/2021		-600,000.00	
<b>Revenue Total:</b>				<b>0.00</b>	<b>-600,000.00</b>	<b>-600,000.00</b>
<b>Expense</b>						
<b>Department: 170 - County Misc &amp; Operations</b>						
<u>101-170-57582</u>	ARPA Expenses			0.00	600,000.00	600,000.00
BA0000063	ARPA-GR	GLPKT10421	06/01/2021		600,000.00	
<b>Department 170 Total:</b>				<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>
<b>Expense Total:</b>				<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>
<b>Fund 101 Total:</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Budget Code Final Budget Total:</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

# Description

# Fund Summary



Description	Fund	Original Budget	Budget Adjustments	Current Budget
<b>Budget Code: Final Budget - Final Approved Budget</b>		<b>Fiscal: 2021</b>		
	101	0.00	0.00	0.00
<b>Budget Code Final Budget Total:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>





Adjustment Number      Budget Code      Description      Adjustment Date  
 BA0000061      Final Approved Budget      ARPA Funds Received      6/1/2021

**Summary Description:**

Account Number	Account Name	Adjustment Description	Before	Adjustment	After
<u>560-43110</u>	Disaster Grant	ARPA Funds Received	0.00	-8,604,270.00	-8,604,270.00
January: -717,022.50	April: -717,022.50	July: -717,022.50	October: -717,022.50		
February: -717,022.50	May: -717,022.50	August: -717,022.50	November: -717,022.50		
March: -717,022.50	June: -717,022.50	September: -717,022.50	December: -717,022.50		
<u>560-46611</u>	Interest	ARPA Funds Received	0.00	-20,000.00	-20,000.00
January: -1,666.67	April: -1,666.67	July: -1,666.67	October: -1,666.67		
February: -1,666.67	May: -1,666.67	August: -1,666.67	November: -1,666.67		
March: -1,666.67	June: -1,666.67	September: -1,666.67	December: -1,666.63		
<u>560-610-51130</u>	Contract Labor	ARPA Funds Received	0.00	200,000.00	200,000.00
January: 16,666.67	April: 16,666.67	July: 16,666.67	October: 16,666.67		
February: 16,666.67	May: 16,666.67	August: 16,666.67	November: 16,666.67		
March: 16,666.67	June: 16,666.67	September: 16,666.67	December: 16,666.63		
<u>560-610-52515</u>	EXPENSES (CATCHALL)	ARPA Funds Received	0.00	500,000.00	500,000.00
January: 41,666.67	April: 41,666.67	July: 41,666.67	October: 41,666.67		
February: 41,666.67	May: 41,666.67	August: 41,666.67	November: 41,666.67		
March: 41,666.67	June: 41,666.67	September: 41,666.67	December: 41,666.63		
<u>560-610-52517</u>	Grants to External Entities	ARPA Funds Received	0.00	200,000.00	200,000.00
January: 16,666.67	April: 16,666.67	July: 16,666.67	October: 16,666.67		
February: 16,666.67	May: 16,666.67	August: 16,666.67	November: 16,666.67		
March: 16,666.67	June: 16,666.67	September: 16,666.67	December: 16,666.63		
<u>560-610-53720</u>	Infrastructure Project Expendit	ARPA Funds Received	0.00	3,000,000.00	3,000,000.00
January: 250,000.00	April: 250,000.00	July: 250,000.00	October: 250,000.00		
February: 250,000.00	May: 250,000.00	August: 250,000.00	November: 250,000.00		
March: 250,000.00	June: 250,000.00	September: 250,000.00	December: 250,000.00		
<u>560-610-54700</u>	Buildings & Building Improvem	ARPA Funds Received	0.00	2,000,000.00	2,000,000.00
January: 166,666.67	April: 166,666.67	July: 166,666.67	October: 166,666.67		
February: 166,666.67	May: 166,666.67	August: 166,666.67	November: 166,666.67		
March: 166,666.67	June: 166,666.67	September: 166,666.67	December: 166,666.63		
<u>560-900-61000</u>	Transfer to GR	ARPA Funds Received	0.00	600,000.00	600,000.00
January: 50,000.00	April: 50,000.00	July: 50,000.00	October: 50,000.00		
February: 50,000.00	May: 50,000.00	August: 50,000.00	November: 50,000.00		
March: 50,000.00	June: 50,000.00	September: 50,000.00	December: 50,000.00		

Adjustment Number      Budget Code      Description      Adjustment Date  
 BA0000062      Final Approved Budget      ARPA - GR Changes      6/1/2021

**Summary Description:**

Account Number	Account Name	Adjustment Description	Before	Adjustment	After
<u>101-49560</u>	TRANSFERS IN ARPA	ARPA - GR Changes	0.00	-600,000.00	-600,000.00
January: -50,000.00	April: -50,000.00	July: -50,000.00	October: -50,000.00		
February: -50,000.00	May: -50,000.00	August: -50,000.00	November: -50,000.00		
March: -50,000.00	June: -50,000.00	September: -50,000.00	December: -50,000.00		

**Budget Code Summary**

Budget	Budget Description	Account	Account Description	Before	Adjustment	After
Budget	Final Approved Budget	<u>101-49560</u>	TRANSFERS IN ARPA	0.00	-600,000.00	-600,000.00
		<u>560-43110</u>	Disaster Grant	0.00	-8,604,270.00	-8,604,270.00
		<u>560-46611</u>	Interest	0.00	-20,000.00	-20,000.00
		<u>560-610-51130</u>	Contract Labor	0.00	200,000.00	200,000.00
		<u>560-610-52515</u>	EXPENSES (CATCHALL)	0.00	500,000.00	500,000.00
		<u>560-610-52517</u>	Grants to External Entities	0.00	200,000.00	200,000.00
		<u>560-610-53720</u>	Infrastructure Project Expenditure	0.00	3,000,000.00	3,000,000.00
		<u>560-610-54700</u>	Buildings & Building Improvement	0.00	2,000,000.00	2,000,000.00
		<u>560-900-61000</u>	Transfer to GR	0.00	600,000.00	600,000.00
			<b>Final Budget Total:</b>	<b>0.00</b>	<b>-2,724,270.00</b>	<b>-2,724,270.00</b>
			<b>Grand Total:</b>	<b>0.00</b>	<b>-2,724,270.00</b>	<b>-2,724,270.00</b>



**Fund Summary**

Fund	Before	Adjustment	After
Budget Code:Final Budget - Final Approved Budget Fiscal: 2021			
101	0.00	-600,000.00	-600,000.00
560	0.00	-2,124,270.00	-2,124,270.00
<b>Budget Code Final Budget Total:</b>	<b>0.00</b>	<b>-2,724,270.00</b>	<b>-2,724,270.00</b>
<b>Grand Total:</b>	<b>0.00</b>	<b>-2,724,270.00</b>	<b>-2,724,270.00</b>



Christian County, MO

# Budget Adjustment Register

## Adjustment Detail

Packet: GLPKT10421 - Auto Process - GL Budget Adjustment

<b>Adjustment Number</b>	<b>Budget Code</b>	<b>Description</b>	<b>Adjustment Date</b>
BA0000063	Final Approved Budget	ARPA-GR	6/1/2021

**Summary Description:**

Account Number	Account Name	Adjustment Description	Before	Adjustment	After
<u>101-170-57582</u>	ARPA Expenses	ARPA-GR	0.00	600,000.00	600,000.00
January: 50,000.00	April: 50,000.00	July: 50,000.00	October: 50,000.00	November: 50,000.00	December: 50,000.00
February: 50,000.00	May: 50,000.00	August: 50,000.00			
March: 50,000.00	June: 50,000.00	September: 50,000.00			

**Budget Code Summary**

Budget	Budget Description	Account
Budget	Final Approved Budget	<u>101-170-57582</u>

Account Description	Before	Adjustment	After
ARPA Expenses	0.00	600,000.00	600,000.00
<b>Final Budget Total:</b>	<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>
<b>Grand Total:</b>	<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>

Fund Summary

Fund	Before	Adjustment	After
Budget Code:Final Budget - Final Approved Budget Fiscal: 2021			
101	0.00	600,000.00	600,000.00
<b>Budget Code Final Budget Total:</b>	<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>
<b>Grand Total:</b>	<b>0.00</b>	<b>600,000.00</b>	<b>600,000.00</b>