

SPONSOR: Reed/Stewart

RESOLUTION NO. 40-07

A RESOLUTION AUTHORIZING A THEN AND NOW CERTIFICATE, AND DECLARING AN EMERGENCY.

WHEREAS, pursuant to Ohio Revised Code Section 5705.41(D), the issuance of a then and now certificate is permitted; and

WHEREAS, the Jackson City Council now desires to approve the then and now certificate.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF JACKSON, STATE OF OHIO, as follows:

Section 1. The Jackson City Council hereby authorizes and approves the Then and Now Certificate, in accordance with the material attached hereto as Exhibit "A", and made a part hereof.

Section 2. This Resolution is hereby is hereby declared to be an emergency Resolution necessary for the immediate preservation of the public peace, health, or safety of the City of Jackson, and for the further reason that the Jackson City Council must act promptly in approving the Then and Now Certificate. Therefore, this Resolution shall go into effect upon passage and approval by the Mayor, as provided in Ohio Revised Code Section 731.30.

Section 3. In the event this Resolution receives a majority vote for passage but fails to receive the required number of votes to pass as an emergency, then this Resolution shall be deemed to have passed but with no emergency clause, and shall take effect at the earliest time permitted by law.

Section 4. This Council finds and determines that all formal actions of this Council concerning and relating to the passage of this resolution were taken in an open meeting of this Council and that all deliberations of this Council that resulted in those formal actions were in meetings open to the public, all in compliance with the law.

Date: 11/26/07

Burt E Reed
PRESIDENT OF COUNCIL *Pro Tem*

Anna Brown
CLERK OF COUNCIL

Approved:

Date: 11/26/07

Kevin B. Scarborough
MAYOR
acting

Exhibit “A”

MEMO

Date: 11/14/2007
To: Jack Detty, Law Director
From: Wendy Sexton, Deputy Auditor
RE: Resolution Approving a Then and Now Certificate

Please prepare a Resolution for the next City Council meeting that approves a Then and Now Certificate for the payment to the Samaritan Regional Health System for prisoner medical expenses.

This should be passed as an emergency if you determine that it falls within the guidelines as being an emergency so that the invoice can be paid.

THEN AND NOW CERTIFICATE,

It is hereby certified that, pursuant to Ohio Revised Code Section 5705.41(D), that at the time of the making of such contract or order and at the time of the execution of this certificate, a sufficient sum was appropriated for the purpose of such contract and in the Treasury or in the process of collection to the credit of an appropriate fund free from any previous encumbrance.

The taxing authority has 30 days from the receipt of this certificate to approve payment by resolution; otherwise this certificate becomes null and void and there is no legal liability on the part of the City or the taxing authority.

Date of Certificate: Nov 13, 2007

Warrant # _____

Line Item # 110-7110-53043

PO # 73234

Invoice # 100327816

Invoice Date 8-24-07

Amount \$ 9808.18

Vendor Name Samaritan Regional Health System

Resolution # _____

Date & Page In City Council Minutes _____

City Auditor

Date Certified

Invoice To

CITY OF JACKSON

145 BROADWAY STREET
JACKSON, OHIO 45640-1656

PURCHASE ORDER

NO: 000073234
(APPENDIX 8.8)

DISTRIBUTION	
PT. 1-WHITE - VENDOR	PT. 3-PINK - AUDITOR
PT. 2-YELLOW - FILE	

DELIVER AND SHIP TO THIS DEPT. AND DIVISION

POLICE STATION
CITY OF JACKSON
199 PORTSMOUTH ST
JACKSON, OHIO 45640

PURCHASE ORDER DATE 11/09/07	CONTRACT NO.
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GUARANTEED DELIVERY DATE

EXCISE OR SALES TAX DO NOT APPLY TO CITY

NAME AND ADDRESS OF VENDOR

500205
SAMARITAN REGIONAL HEALTH SYSTEM
1025 CENTER STREET
ASHLAND OH 44805

TERMS:
CASH DISCOUNTS WILL BE FIGURED FROM DATE
ACCOUNTING OFFICE RECEIVES VENDOR'S INVOICE

By shipping the goods below or by acknowledging receipt of this order or by performing the work below you agree to the terms and conditions of sale which appear on the face. Any different or additional terms in your acceptance of this offer are hereby objected to.

LINE NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY	UNIT PRICE	AMOUNT
001	BAL DUE FOR TANISHA SNYDER CONTROL #100327816	110-7110-53043		.00	9808.18

TOTAL AMOUNT NOT TO EXCEED	9808.18
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INSTRUCTIONS TO VENDORS

1. THIS ORDER IS NOT VALID UNLESS SIGNED BY THE CITY AUDITOR FOR AVAILABILITY OF FUNDS.
2. MAIL INVOICES IN DUPLICATE TO THE ACCOUNT'S PAYABLE OFFICE.
3. NO CHANGE MAY BE MADE IN THIS ORDER WITHOUT WRITTEN CONSENT OF THE FINANCE DIRECTOR.

AUDITOR'S CERTIFICATE

It is hereby certified that the amount's specified above required to meet he contact, agreement, obligation, payment of expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the City Treasury or in process of collection to the credit of the appropriate fund free from any obligation or certification now outstanding.

11/9/07
DATED

James L. Hingley
AUDITOR
This order not valid unless City Auditor's Certificate is signed.

IMPORTANT PLEASE NOTE	THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND ON ALL CORRESPONDENCE.
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Maria Uribe

From: Maria Uribe [muribe@jacksonohio.us]
Sent: Tuesday, September 04, 2007 10:21 AM
To: 'dworkman@jacksonohio.us'; 'sbenson@jacksonohio.us'; Bryan Davis; Shane Goodman (sgoodman@jacksonohio.us); 'jhumphreys@jacksonohio.oh'
Cc: 'Carl Eisnaugle'; bsgrimes@jacksonohio.us
Subject: Prisoner Medical Expenses

To: J Humphys

From: M Uribe, ACP

In July we had a prisoner, Tanashia C. Snyder become ill while at Ashland County Jail. At that time we did a requisition for Samaritan Regional Hospital for \$2000.00 resulting in **P.O 72311** being issued for the same amount.

We have received two bills regarding this medical incident from Samaritan Regional Hospital. The amounts for this unforeseen expense are listed below. We recently learned that House Bill 66 permits us to only pay medicare rates for prisoner related medical expenses. We were able to reduce the total amount from \$\$17,129.24 to \$11,808.18.

Even with the reduction we still exceed the original P.O. amount. The amount of P.O. 72311 needs to be increased to reflect the correct amount.

The amount due is \$11,808.18.

Original Cost	Medicare Rates (Our Cost per HB 66)	Amount Saved
\$ 1,713.22	\$ 317.01	\$1,396.21
\$15,416.02	\$ 11,491.17	\$3,924.85
\$17,129.24	\$ 11,808.18	\$5,321.06

Maria A. Uribe
Assistant Chief of Police
Jackson Police Department
199 Portsmouth Street
Jackson, Ohio 45640
(740) 418-8920 Wk Cell
(740) 286-4131 Wk Number

9/4/2007

Wendy

From: Wendy [ws Sexton@jacksonohio.us]
Sent: Thursday, October 11, 2007 11:07 AM
To: 'Donovan Workman'
Cc: 'jhumphreys@jacksonohio.us'; 'Shane Goodman'; 'Bonnie Grimes'; 'Maria Uribe'
Subject: Jail Expense

Donovan,

Have you reviewed the information and decided on an amount to ask for additional appropriations for the police department for jail expense. We are still unable to pay for the \$11,808.18 to the Samaritan Regional Hospital for the appendectomy for the City's prisoner.

I hadn't heard from you how you wanted to proceed or the amount of the additional appropriations that you felt we would need.

Please let me know ASAP so that I can get the information ready to send to Jack for the next council meeting.

Thanks,
Wendy

10/11/2007

DISTRIBUTION

PT. 1-WHITE - VENDOR
PT. 2-YELLOW - FILE

PT. 3-PINK - AUDITOR

Invoice To

CITY OF JACKSON

145 BROADWAY STREET
JACKSON, OHIO 45640-1656

PURCHASE ORDER

NO. 0000072311
(APPENDIX 8.6)

DELIVER AND
SHIP TO
THIS DEPT.
AND DIVISION

POLICE STATION
CITY OF JACKSON
199 PORTSMOUTH ST
JACKSON, OHIO 45640

NAME
AND ADDRESS
OF VENDOR

S00205
SAMARITAN REGIONAL HEALTH SYSTEM
1025 CENTER STREET
ASHLAND OH 44805

PURCHASE ORDER DATE: 07/31/07 CONTRACT NO.

GUARANTEED DELIVERY DATE

EXCISE OR SALES TAX DO NOT APPLY TO CITY

TERMS:

CASH DISCOUNTS WILL BE FIGURED FROM DATE
ACCOUNTING OFFICE RECEIVES VENDOR'S INVOICE

By shipping the goods below or by acknowledging receipt of this order or by performing the work below you agree to the terms and conditions of sale which appear on the face. Any different or additional terms in your acceptance of this offer are hereby objected to.

LINE NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY	UNIT PRICE	AMOUNT
001	BLANKET PO EXP 10/31/07	110-7110-53043			.00 2000.00
TOTAL AMOUNT NOT TO EXCEED					2000.00

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8/1/07
DATED

James L. H. [Signature] AUDITOR
This order not valid unless City Auditor's Certificate is signed.

IMPORTANT
PLEASE
NOTE

▶ THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND ON ALL CORRESPONDENCE.