



Fulton County Board of Commissioners
Agenda Item Summary

18-0979

BOC Meeting Date
 12/19/2018

Requesting Agency

Finance

Commission Districts Affected

All Districts

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Approval of November 2018 Refund Report

Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

Provided in accordance with Policy and Procedure #200-4

Is this Item related to a Strategic Priority Area? *(If yes, note strategic priority area below)*

Yes All People trust government is efficient, effective, and fiscally sound

Is this a purchasing item?

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Scope of Work: *(Provide a brief project scope of work of the services/work to be provided)*

Approval of Refund Report in accordance with Policy & Procedure #200-4.

Fulton County routinely refunds monies paid to us by corporations or individuals when the intended project or service could not be accomplished. The responsible department determines when monies are to be refunded and would submit a request for disbursement of funds.

Community Impact: *(Provide the overall impact on community health, whether the impact would be Countywide or to a specific District, if applicable)*

None

Department Recommendation: *(Provide the user department recommendation)*

Approval

Project Implications: *(What are the future implications of the item in terms of potential changes in budget, service provision, or County policy/operations?)*

None

Community Issues/Concerns: *(Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?)*

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

None

Department Issues/Concerns: (Identify any additional department recommendations or concerns including funding, staffing, external/internal partnerships and operational inefficiencies)

None

History of BOC Agenda Item: (Has this item previously been before the BOC? Yes or No. If yes, for non-purchasing item(s), describe what action(s) were taken.)

No

(For purchasing items, provide the project history chart or if a new procurement, insert "New Procurement".)

Contract & Compliance Information	<i>(Provide Contractor and Subcontractor details.)</i>
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Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
Total Contract Value	.			
Total M/FBE Values	.			
Total Prime Value	.			
Fiscal Impact / Funding Source	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
Exhibits Attached	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
Source of Additional Information	<i>(Type Name, Title, Agency and Phone)</i>			

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement

Contract Attached: .	Previous Contracts: .		
Solicitation Number: .	Submitting Agency: .	Staff Contact: .	Contact Phone: .

Description:.

FINANCIAL SUMMARY

Total Contract Value:		MBE/FBE Participation:	
Original Approved Amount: .		Amount: .	%: .
Previous Adjustments: .		Amount: .	%: .
This Request: .		Amount: .	%: .
TOTAL: .		Amount: .	%: .

Grant Information Summary:

Amount Requested: .	<input type="checkbox"/>	Cash
Match Required: .	<input type="checkbox"/>	In-Kind
Start Date: .	<input type="checkbox"/>	Approval to Award
End Date: .	<input type="checkbox"/>	Apply & Accept
Match Account \$: .		

Funding Line 1: .	Funding Line 2: .	Funding Line 3: .	Funding Line 4: .
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KEY CONTRACT TERMS

Start Date: .	End Date: .
Cost Adjustment: .	Renewal/Extension Terms: .

ROUTING & APPROVALS
(Do not edit below this line)

X	Originating Department:	Turner, Ray	Date: 12/10/2018
.	County Attorney:	.	Date: .
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 12/10/2018



POLICY AND PROCEDURE

SUBJECT: Refund of Money Paid to Fulton County for Specific Programs That For Some Reason May Not Be Accomplished

DATE: November 17, 1993

NUMBER: 200-4

Statement of Policy: Whenever a person, firm or other legal entity shall pay any sum of money to Fulton County for a specified purpose or service, but which because of circumstances cannot be accomplished in whole or in part, the Finance Director shall be authorized to refund such payment based on the recommendation of the responsible Department Head and upon supporting evidence to justify such refund.

Background: This policy outlines the actions to be taken to refund monies to individuals or corporate entities when a project in which they are involved is not completed, or is cancelled.

Applicability: This policy applies to all departments that have accepted fees or deposits for a purpose or service that for some reason cannot be accomplished. It does not apply to deposits received for projects that are covered by the Georgia Code dealing with Development Impact Fees or other development fees outlined in the Georgia Code. Additionally, refunds involving litigation or other legal matters must include an opinion from the County Attorney attesting to the propriety of the refund or a court document ordering the refund.

Responsibility: Department Heads are responsible for determining when monies are to be refunded. The Department Head will forward the supporting documents to the Finance Director, who will review them for completeness and for applicable refunds. A monthly report of refunds will be furnished to the County Manager and the Board of Commissioners.

Procedures: The Department Head will prepare a Payment Voucher and attach all necessary documentation, i.e., copies of cash receipt documents showing that the funds were, in fact, previously received and a memorandum stating the circumstances under which the refund is being made. This documentation will be forwarded to the Director of Finance for approval.

Departmental Sponsor: Finance Department

Policy Review Date: May 1997

References: Minutes of the Board of Commissioners, March 4, 1964
Minutes of the Board of Commissioners, June 2, 1982
Minutes of the Board of Commissioners, November 17, 1993

Departments Affected: All Departments and Offices of Appointed or Elected Officials

Refund Report November 2018

Department Name	Vendor Name	Fund	Amount	Description
Public Works (540)				
	AMERICAN RESIDENTIAL LEASING COM	201	891.95	Water/Sewer
	BRAINARD SIMPSON	201	2,141.10	Sewer
	EVA DIAZ	201	131.64	Water
	HONG LIU	201	73.61	Water
	ISIS WU	201	427.66	Water/Sewer
	JESUS FANDINO JR	201	44.54	Sewer
	JOHN & CARTER BORDELON	201	524.40	Sewer
	NOONAN-MANSELL PLACE LLC	201	3,258.67	Sewer
	SHIDA MOGHADDAS	201	1,993.68	Sewer
	STEPHEN ABDO	201	15.36	Water
	STUART CONRAD	201	61.12	Sewer
	VOSSI KHALON	201	151.16	Sewer
	DOUBLE P. GRADING INC.	453	1,350.00	HYDRANT METER DEPOSIT
	N.W.G.P. INC.	453	1,200.00	HYDRANT METER DEPOSIT
	TPG DEVELOPMENT, LLC	453	123,000.00	CASH MAINT. BOND
Subtotal		15	135,264.89	
Grand Total		15	135,264.89	