



Fulton County Board of Commissioners  
**Agenda Item Summary**

**# 19-1100**

**BOC Meeting Date**  
**12/18/2019**

**Requesting Agency**

Finance

**Commission Districts Affected**

All Districts

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

Approval of November 2019 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)

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

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

concerning the agenda item and if those issues have been addressed?)	
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".)	
<b>Contract &amp; Compliance Information</b>	<i>(Provide Contractor and Subcontractor details.)</i>

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

<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<b>Typed Name and Title</b>	<b>Phone</b>	
<b>Signature</b>	<b>Date</b>	

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Continued

**Procurement**

<b>Contract Attached:</b> .	<b>Previous Contracts:</b> .		
<b>Solicitation Number:</b> .	<b>Submitting Agency:</b> .	<b>Staff Contact:</b> .	<b>Contact Phone:</b> .

**Description:.****FINANCIAL SUMMARY**

<b>Total Contract Value:</b>	<b>MBE/FBE Participation:</b>
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 \$: .		

<b>Funding Line 1:</b> .	<b>Funding Line 2:</b> .	<b>Funding Line 3:</b> .	<b>Funding Line 4:</b> .
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**KEY CONTRACT TERMS**

<b>Start Date:</b> .	<b>End Date:</b> .
<b>Cost Adjustment:</b> .	<b>Renewal/Extension Terms:</b> .

**ROUTING & APPROVALS**

(Do not edit below this line)

X	Originating Department:	Turner, Ray	Date: 12/9/2019
.	County Attorney:	.	Date: .
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 12/11/2019



## 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

# November 2019 Refund Report

# 19-1100

Department Name	Vendor Name	Fund	Amount	Description
<b>Public Works (540)</b>				
	AKILESH DUVVUR	201	4,108.41	SEWER
	AMY ROHNER	201	605.97	WATER / SEWER
	CYNTHIA STEEDLE	201	40.25	WATER
	DAMON LADD-THOMAS	201	1,000.00	WATER
	DAVID FUNK	201	98.02	SEWER
	E-TRADE	201	2,730.38	WATER / SEWER
	GREGORY & MICHELE FIBER	201	37.85	WATER
	HAROLD PROCTOR II	201	32.57	SEWER
	KEONA TAYLOR-HILL	201	88.64	WATER / SEWER
	KEVIN DIBBLE	201	310.44	SEWER
	LANCE P. SAYLOR	201	601.00	SEWER
	MARTHA DUNWOODY	201	30.13	WATER
	PETER WAGNER	201	50.64	SEWER
	PHILIP FASORO	201	69.64	SEWER
	RAJ CHOUDHARY	201	99.34	WATER / SEWER
	Richard Hadaway	201	1,151.81	WATER
	RITA SALENIUS	201	6.85	SEWER
	RORY CAMERON	201	1,755.31	SEWER
	RUTH EWUBARE	201	2,433.68	WATER / SEWER
	TREWIN HOMES, LLC	201	939.92	WATER / SEWER
	WESLEY DROZE	201	335.64	WATER / SEWER
	WEST MAIN 1 LLC	201	164.03	WATER / SEWER
	CLIFFORD MCMANUS III	203	2,350.00	IRRIGATION METER DEPOSIT
	RUTH MCLAUGHLIN	453	1,223.00	HYDRANT METER DEPOSIT
	WEST CANTON, LLC	453	6,000.00	MAINTENANCE BOND RELEASE
<b>Subtotal</b>		25	26,263.52	
<b>Library (650)</b>				
	ALMA TURNER	434	300.00	CAMP TRUITT RENTAL DEPOSIT
	CHERYL BYRD	434	300.00	CAMP TRUITT RENTAL DEPOSIT
<b>Subtotal</b>		2	600.00	
<b>Grand Total</b>		27	26,863.52	