

Attachment 1

PROJECT BUDGET – SOURCES AND USES OF FUNDS

USES	LPA FUNDS			FHWA FUNDS			STATE FUNDS			TOTAL
	Amount	%	SAC	Amount	%	SAC	Amount	%	SAC	
PRELIMINARY DEVELOPMENT										
FINAL DESIGN, CONSTRUCTION PLANS & SPECIFICATIONS										
ACQUISITION OF RIGHT OF WAY & UTILITY RELOCATION										
PROJECT CONSTRUCTION COSTS	\$20,350.00	5	LNTP	\$386,650.00	95	4B37				\$407,000.00
INSPECTION	\$2,035.00	5	LNTP	\$38,665.00	95	4B37				\$40,700.00
TOTALS	\$22,385.00			\$425,315.00						\$447,700.00

Attachment 2

DIRECT PAYMENT OF CONTRACTOR

At the direction of the LPA and upon approval of ODOT, payments for work performed under the terms of the Agreement by the LPA's contractor shall be paid directly to the contractor in the pro-rata share of Federal/State participation. The invoice package shall be prepared by the LPA as previously defined in this Agreement, and shall indicate that the payment is to be made to the contractor. In addition, the invoice must state the contractor's name, mailing address and OAKS Vendor ID. Separate invoices shall be submitted for payments that are to be made to the contractor and those that are to be made to the LPA.

When ODOT uses Federal funds to make payment to the contractor, all such payments are considered to be expenditures of Federal funds received and also expended by the LPA (sub recipient). Accordingly, the LPA is responsible for tracking the receipts and payments and reporting the payments Federal (Receipts) Expenditures on the Schedule of Expenditures of Federal Awards (SEFA). An LPA that fails to report these funds accurately and timely may be required to restate the SEFA to comply with Federal reporting requirements.

We _____ (*INSERT NAME OF LPA*) request that all payments for the Federal/State share of the construction costs of this Agreement performed by _____ (*CONTRACTOR'S NAME*) be paid directly to _____ (*CONTRACTOR'S NAME*).

VENDOR Name:	
Oaks Vendor ID:	
Mailing Address:	
LPA signature:	

LPA Name:	
Oaks Vendor ID:	
Mailing Address:	
ODOT Approval signature:	

Mark Baker
City Councilperson

ORDINANCE 19 - 38
INTRODUCED BY COUNCIL

AN ORDINANCE ALLOWING A MORAL CLAIM

WHEREAS, Keith Haddock presented a legal claim in the amount of Two Thousand Eight Hundred Forty-eight Dollars and forty-one Cents (\$2,848.41) against the City of Zanesville; and,

WHEREAS, the Kelly Blue Book value has been determined at \$1,589.00; and

WHEREAS, said claim was reviewed by the Law Director, David J. Tarbert and said claim was denied;

WHEREAS, the basis of said claim is set forth in Exhibit A; and,

WHEREAS, Law Director, David J. Tarbert, advised the claimant they had a right to present a moral claim to City Council; and

WHEREAS, City Council has reviewed the claim and determined that said claim should be paid as a moral claim in the revised amount of One Thousand Five Hundred Ninety-eight Dollars (\$1,598.00) as valued by Kelly Blue Book.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Zanesville, Ohio, that:

SECTION ONE: The proper City Official is hereby authorized to pay \$1,598.00 to Keith Haddock and said monies shall be taken from line item 202-6541-53408.

SECTION TWO: This Ordinance shall take effect and be in force from and after the earliest period allowed by law.

PASSED: _____, 2019

ATTEST: _____
SUSAN CULBERTSON
Clerk of Council

DANIEL M. VINCENT
President of Council

APPROVED: _____, 2019

This Legislation Approved As To Form:

MAYOR JEFF TILTON



LAW DIRECTOR'S OFFICE

RECEIVED

MAR 13 2019

FOR CITY CLERK'S USE

CLAIM NO. 19-14

DATE REC. 3-13-2019

CLERK OF COUNCIL

**STATEMENT OF CLAIM AGAINST THE CITY OF
ZANESVILLE, OHIO**

MAIL COMPLETED CLAIM TO: CLERK OF COUNCIL, 401 MARKET ST.,
ZANESVILLE, OHIO 43701

1. NAME OF CLAIMANT Keith Haddock
2. ADDRESS OF CLAIMANT 110 Hamline Avenue, Apt. 4, Zanesville, OH 43701
3. TELEPHONE NO. 619-219-1356
4. INFORMATION CONCERNING THE INCIDENT UPON WHICH CLAIM IS BASED:
 - A. DATE 02/20/2019 B. TIME 11:35 a.m.
 - C. WEATHER CONDITIONS Raining Heavy
 - D. EXACT LOCATION Center Dr.
 - E. NAMES & ADDRESSES OF WITNESSES: IF NONE, SO STATE
Stephney Ewert. Was actually in the car with me, she took photos also.
 - F. WAS THE INCIDENT INVESTIGATED BY THE ZANESVILLE POLICE DEPARTMENT OR OTHER CITY DEPARTMENT YES _____ NO
 - G. IF ANSWER TO 4-F IS "YES", PLEASE INDICATE DEPARTMENT THAT INVESTIGATED AND/OR THE NAME OF ANY CITY EMPLOYEE WHO MAY HAVE INVESTIGATED SAID OCCURRENCE
None
5. IN YOUR OWN WORDS, STATE IN DETAIL WHAT HAPPENED AND HOW IT HAPPENED (CONTINUE ON BACK IF NEEDED)
We were driving smoothly until we hit

the pot hole, it was filled with water/rain
so we were unaware of how deep it was. It felt
like we hit a wall, so we pulled over to see what happened

6. PROPERTY DAMAGE DETAILS

A. AMOUNT OF CLAIM FOR PROPERTY DAMAGE \$ 2,848.41

DO YOU HAVE HOMEOWNER'S INSURANCE No

B. IF MOTOR VEHICLE DAMAGE IS CLAIMED, STATE YEAR, MAKE AND MODEL OF VEHICLE

2000 Honda Accord

OWNERS NAME AND ADDRESS Keith Haddock, 110 Hamline ave. #4
Zanesville OH, 43701

STATE WHETHER OR NOT VEHICLE WAS COVERED BY COLLISION INSURANCE No IF YES, NAME COMPANY AND AGENT

C. ATTACH ESTIMATES OR RECEIPT(S) OF COST IN CONNECTION WITH THE ABOVE CLAIM (VEHICLE OR PROPERTY). ESTIMATES OR RECEIPT(S) MUST BE FILED WITH CLAIM OR CLAIM CANNOT BE PROCESSED.

7. WHERE ARE YOU EMPLOYED 838 Putnam

HOW LONG EMPLOYED ABOVE 1 month, self employed 10 yrs.

8. IF CLAIM IS FOR BODILY INJURY, STATE THE FOLLOWING:

A. NATURE OF INJURY None

B. WERE YOU HOSPITALIZED No IF SO, WHERE

AND FOR HOW LONG

C. WERE YOU ATTENDED BY A PHYSICIAN (IF YES) WHO No

PHYSICIAN ADDRESS No