

BILL NO.: 20-1225

ORDINANCE NO.: 20-

0538

INTRODUCED BY: COUNCIL MEMBER (S)

Wendrickson

1           **AN ORDINANCE ACCEPTING AND APPROVING AN EXTENSION OF**  
2           **THE AUDITING SERVICES FISCAL YEAR 2018 CONTRACT; AND**  
3           **AUTHORIZING THE JEFFERSON COUNTY, MISSOURI, EXECUTIVE TO**  
4           **EXECUTE THE EXTENSION AGREEMENTS AND ANY OTHER NECESSARY**  
5           **DOCUMENTS ON BEHALF OF THE COUNTY.**

6           **WHEREAS**, Jefferson County, Missouri, (hereafter, the "County") entered into a  
7 contract for Auditing Services Fiscal Year 2018; and

8           **WHEREAS**, Ordinance 19-0120 and Ordinance 20-0189 were approved for the  
9 contract Auditing Services Fiscal Year 2018.; and

10           **WHEREAS**, the Department of the County Auditor requested an Invitation for Bid  
11 for the Auditing Services Fiscal Year 2018 and received six bids; and

12           **WHEREAS**, the Department of the County Auditor has requested an immediate  
13 one (1) year contract extension with Daniel Jones & Associates to support auditing services  
14 for the year; and

15           **WHEREAS**, the request for an immediate one (1) year contract extension with  
16 Daniel Jones & Associates is due to COVID-19; and

17           **WHEREAS**, Daniel Jones & Associates has provided the County Auditor's Office  
18 with guidance during the COVID-19 pandemic; and

FILED

DEC 16 2020

CLERK OF THE BOARD OF COMMISSIONERS

1           **WHEREAS**, the Jefferson County, Missouri, Council finds it is in the best interest  
2 of the County to approve an immediate one (1) year contract extension with Daniel Jones  
3 & Associates from 1-1-21 to 12-31-21 upon approval by the County Council and County  
4 Executive for **up to \$24,000.00 per the one (1) year extension, for total amount not to**  
5 **exceed \$24,000.00 from 1-1-21 to 12-31-21**, subject to budgetary limitations.

6           **BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**  
7 **AS FOLLOWS:**

8           Section 1.     The Jefferson County, Missouri, Council thereby accepts and  
9 approves the one (1) year contract extension with Daniel Jones & Associates from 1-1-21  
10 to 12-31-21 upon approval by the County Council and County Executive for **up to**  
11 **\$24,000.00 per one (1) year extension, for total amount not to exceed \$24,000.00 from**  
12 **1-1-21 to 12-31-21**, subject to budgetary limitations.

13           Section 2.     The Jefferson County, Missouri, Council hereby authorizes the  
14 County Executive to execute the extension agreement incorporated by Reference as Exhibit  
15 “A”. The County Executive is further authorized to take any and all actions necessary to  
16 carry out the intent of this Ordinance. An unexecuted copy of the Extension Agreement is  
17 attached hereto as Exhibit “A” and incorporated herein, by reference.

18           Section 3.     Copies of all Extension Agreements, responses thereto, and any  
19 contracts or agreements shall be maintained by the Department of the County Clerk  
20 consistent with the rules and procedures for the maintenance and retention of records as  
21 promulgated by the Secretary of State.

1            Section 4.      This Ordinance shall be in full force and effect from and after its  
2      date of approval. If any part of this Ordinance is invalid for any reason, such invalidity  
3      shall not affect the remainder of this Ordinance.

**THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE  
JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:**

Council Member District 1, Brian Haskins

Absent

Council Member District 2, Renee Reuter

Yes

Council Member District 3, Phil Hendrickson

Yes

Council Member District 4, Charles Groeteke

Yes

Council Member District 5, Tracey Perry

Yes

Council Member District 6, Daniel Stallman

Yes

Council Member District 7, James Terry

Yes

THE ABOVE BILL ON THIS 14<sup>th</sup> DAY OF December, 2020:

**PASSED**                       **FAILED**



Phil Hendrickson, County Council Chair




Leah Smith, Executive Assistant

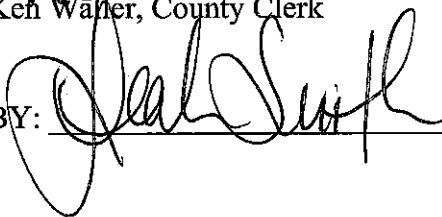
THIS BILL WAS X APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 18<sup>th</sup> DAY OF December, 2020.

THIS BILL WAS \_\_\_\_\_ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

  
Dennis J. Gannon, Jefferson County, Missouri, Executive

**ATTEST:**

  
Ken Walfer, County Clerk

BY: 

Reading Date: 12-14-2020



# County of Jefferson

State of Missouri  
Administration Center  
729 Maple Street · PO Box 100  
Hillsboro, Missouri 63050

Dennis Gannon  
County Executive

## DEPARTMENT OF ADMINISTRATIVE SERVICES

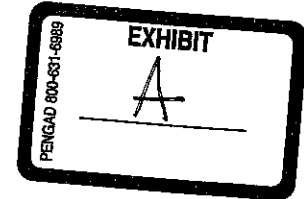
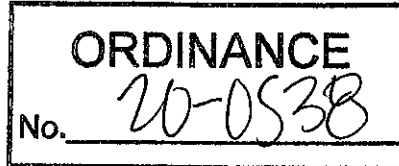
David Courtway - Director

Web Address: www.jeffcogo.org

Dana Downs  
Human Resources Manager  
(636)797-5563 / Fax (636)797-5596

Jackie Talanski  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

DANIEL JONES & ASSOCIATES  
3510 JEFFCO BLVD STE 200  
ARNOLD MO 63010



November 24, 2020

Attn: Al Kirchhofer

Your company was awarded a bid for "AUDITING SERVICES FISCAL YEAR 2018" for the County of Jefferson, Missouri in January 2019. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to extend this bid award for an additional one year extension with the same terms and conditions subject to approval by the County Council and County Executive. The new extension dates shall be from January 1, 2021 through December 31, 2021.

### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Jamie Bahr  
Printed Name of Authorizing Agent

Jamie Bahr  
Signature

12/4/20  
Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Jackie Talanski  
Jackie Talanski  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this \_\_\_\_\_ day of \_\_\_\_\_ 2020:

Daniel Jones & Associates  
Company Name

County of Jefferson, State of Missouri

Jamie Bahr  
Signature  
Jamie Bahr  
Print

Dennis Gannon  
Dennis Gannon County Executive

Company Address: 3510 Jeffco Blvd.

Ste. 200

Arnold, MO 63010

Phone: 636-464-1330

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

Kristy H. Appill  
County Auditor

APPROVED AS TO FORM

[Signature]  
County Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  State Farm Insurance Doug Rupp-Agent 4515 Lemay Ferry Road St. Louis Mo 63129	<b>CONTACT NAME:</b> Doug Rupp <b>PHONE (A/C, No, Ext):</b> 314-894-6000 <b>FAX (A/C, No):</b> 314-894-2838 <b>E-MAIL ADDRESS:</b> doug.rupp.caun@statefarm.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Fire and Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> DANIEL JONES & ASSOCIATES CPA's 3510 JEFFCO BLVD STE 200 Arnold Mo 63010	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
y	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Office & Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		95-EF-8699-7 F	11/12/2020	11/12/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
y	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		441 1693-E18-25B	11/18/2020	05/18/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
y	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	95-CW-Y678-1 F	10/07/2020	10/07/2021	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Accounting Services For Daniel Jones and Associates CPA'S PC

### CERTIFICATE HOLDER

### CANCELLATION

Jefferson County 729 Maple Street Hillsboro Mo 63050	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DANJON-01

RARNOLD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/4/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

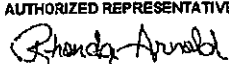
<b>PRODUCER</b> Fortune Insurance Group, LLC 3494 Jeffco Blvd. Arnold, MO 63010	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (636) 464-1331 <b>FAX (A/C, No):</b> (636) 464-0353 <b>E-MAIL ADDRESS:</b> <table style="width: 100%;"><tr><td style="width: 80%;"><b>INSURER(S) AFFORDING COVERAGE</b></td><td style="width: 20%;"><b>NAIC #</b></td></tr><tr><td><b>INSURER A : Philadelphia Indemnity Ins.</b></td><td></td></tr><tr><td><b>INSURER B :</b></td><td></td></tr><tr><td><b>INSURER C :</b></td><td></td></tr><tr><td><b>INSURER D :</b></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td></tr></table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A : Philadelphia Indemnity Ins.</b>		<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A : Philadelphia Indemnity Ins.</b>															
<b>INSURER B :</b>															
<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES**    **CERTIFICATE NUMBER:**    **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> <b>GENL AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>OTHER:</b>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Eg occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Eg accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE      OTHER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional Liabil</b>			PHSD1563340	9/11/2020	9/11/2021	Per Claim                          1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Jefferson County Audit Bid 729 Maple Street Hillsboro, MO 63050	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> <b>AUTHORIZED REPRESENTATIVE</b> 
---	---





ACCT # 154807

DANIEL JONES & ASSOCIATES  
3510 JEFFCO BLVD  
ARNOLD, MO 63010-6121

CHANGE OF ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF 2020  
BILL IF PAID IN 2021

JAN	2,873.73
FEB	2,930.07
MAR	2,986.43
APR	3,042.77
MAY	3,099.12
JUN	3,155.46
JUL	3,211.82
AUG	3,268.16
SEP	3,324.51
OCT	3,324.51
NOV	3,324.51
DEC	3,324.51

Taxes Due		
Taxes Due by 12/31/2020		
YEAR 2020	TOTAL \$	2,584.75
TOTAL DUE \$		2,584.75

**MAKE CHECKS PAYABLE TO:** MICHELLE WORTH  
COLLECTOR OF REVENUE  
PO BOX 100  
729 MAPLE STREET  
HILLSBORO, MO 63050

If delinquent taxes are due,  
the oldest year must be paid  
first. If not paying in a month  
specified please call for a  
corrected amount.

19474 1-1

DANIEL JONES AND ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANTS  
A PROFESSIONAL CORPORATION  
3510 JEFFCO BLVD., STE 200  
ARNOLD, MO 63010



3494 Jeffco Blvd.  
Arnold, MO 63010  
www.MyFortuneTeam.com

12356

80-1917/810

Check date: 1/30/2020

Pay to the order of:  
Michelle Worth, Collector of Revenue

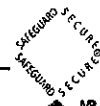
\*\*2,584.75

Two Thousand Five Hundred Eighty-Four and 75/100\*\*\*\*\*

Michelle Worth, Collector of Revenue



*Kate Patton*



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Details on back  
Security Features Included