

BOARD OF SUPERVISORS
COUNTY OF MADISON
PROPOSED SUPPLEMENTAL APPROPRIATION
DATE:

6/10/25

FY2025

Type of Supplement

	Interdepartmental transfer (same fund)
X	Interfund transfer
X	Revenue/Expense offset
	Use of contingency
	Other use of fund balance not in original budget

PURPOSE: Insurance Claim Funds Received (3) - Hoover Ridge Maint Building, Sheriff's Department & Facilities Department

GL	Account Type	Fund Name	Department	Object Code/Source School Code/Source	Debit	Credit
1110-0000-00-00000-408916-0000-000000-00000-0000	R	General	Revenue	Insurance Claims/Adjustments		100,000.00
1110-9910-09-99999-991336-0000-000000-00000-0000	E	General	Non-Departmental	Transfer to Capital Improvement Fund	100,000.00	
1336-0000-00-00000-491110-0000-000000-00000-0000	R	CIP	Revenue	Transfer in from General Fund		100,000.00
1336-8810-07-71100-800000-0000-000000-00000-0000-C2011	E	CIP	Parks & Recreation	Hoover Ridge Maintenance Building	100,000.00	
1110-0000-00-00000-408916-0000-000000-00000-0000	R	General	Revenue	Insurance Claims/Adjustments		1,118.03
1110-4310-03-31200-660090-0000-000000-00000-0000	E	General	Sheriff	Vehicle/Equipment Maintenance	1,118.03	
1110-0000-00-00000-408916-0000-000000-00000-0000	R	General	Revenue	Insurance Claims/Adjustments		4,732.35
1110-2430-04-43200-660090-0000-000000-00000-0000	E	General	Facilities & Maintenance	Vehicle/Equipment Maintenance	4,732.35	
					205,850.38	205,850.38

Amount for Board to vote on

105,850.38

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplement appropriation to the County Finance Director.

Jonathon R. Weakley, County Administrator

Date

FY2025 Proposed Supplemental Appropriation#25_06.10.2025

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A TWO-TONED COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

VACORP CLAIMS
1819 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

PINNACLE FINANCIAL PARTNERS

68-183/514

412 **VOID AFTER 180 DAYS**

**PAY
TO
THE
ORDER
OF**

One Hundred Thousand and 00/100 Dollars*****

DATE	CHECK NO.
03/31/2025	647849
AMOUNT	
\$ **100,000.00**	

MADISON COUNTY

Steve J. Rawlings
[Signature]

**AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000**

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈647849⑈ ⑆053112039⑆800104634910⑈

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Buildings	3/25/2025	3/25/2025	property damage	\$100,000.00	\$100,000.00

Claim Number: 0562025369298 Payee: MADISON COUNTY

Check Number: 647849 Total Check Amt: \$100,000.00 Event Date: 1/7/2025 Department: 056 Madison Date of Check: 3/31/2025

Check Memo: payment letter and appraisal



March 25, 2025

Madison County
PO Box 705
Madison, VA 22727

Attn: Tillie Strothers

Virginia Association of Counties Self-Insurance Risk Pool

Participant: Madison County
Claim Number: 0562025369298
Date of Loss: 1/7/2025

Dear Ms. Strothers:

Enclosed please find a VAcrop property damage check in the amount of \$100,000 for the Hoover Ridge Barn Demo and Rebuild minus the \$1000 deductible.

If you should have any questions regarding this payment, please do not hesitate to contact our office.

Sincerely,
Justin Shelor

Justin Shelor
Claims Specialist

Enclosure – Check & Appraisal

VACORP CLAIMS

1819 Electric Rd. Suite C
 Roanoke, VA 24018
 540-345-8500

68-183/514

412 VOID AFTER 180 DAYS

PAY
 TO
 THE
 ORDER
 OF

One Thousand One Hundred Eighteen and 03/100 Dollars*****

DATE	CHECK NO.
01/08/2025	633694
AMOUNT	
\$	**1,118.03**

MADISON COUNTY

Steve 2. Rawlings

AUTHORIZED ACCOUNT SIGNER
 TWO SIGNATURES REQUIRED OVER \$30,000

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈633694⑈ ⑆053112039⑆800104634910⑈

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Auto Comprehensive	1/7/2025	1/7/2025	estimate	\$1,618.03	\$1,618.03
Auto Comprehensive	1/7/2025	1/7/2025	deductible	(\$500.00)	(\$500.00)

Claim Number: 0562024368423 Payee: MADISON COUNTY

Check Number: 633694 Total Check Amt: \$1,118.03 Event Date: 12/13/2024 Department: 056 Madison Date of Check: 1/8/2025

Check Memo: payment letter

sheriff's office



January 07, 2025

Madison County
ATTN: Katilla Strothers
PO Box 705
Madison, VA 22727

VA Association of Counties Group Self-Insurance Risk Pool

Participant:	Madison County
Claim Number	0562024368423
Date of Loss:	12/13/2024

Good afternoon,

Enclosed please find a VAcorp property damage check in the amount of \$1,118.03. This check is for costs related to the repair of the 2021 Ford Utility vin 2241. This amount was determined by an estimate from Ace Collision Center less the vehicle's deductible. \$1,618.03(estimate) - \$500.00 (deductible) = \$1,118.03.

If you should have any questions regarding this payment, please do not hesitate to contact our office.

Sincerely,

Timothy Spiewak

Timothy Spiewak
Claims Associate

Enclosure: Check

PINNACLE FINANCIAL PARTNERS

VACORP CLAIMS

1819 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

68-183/514

412 VOID AFTER 180 DAYS

PAY
TO
THE
ORDER
OF

Four Thousand Seven Hundred Thirty-Two and 35/100 Dollars*****

DATE	CHECK NO.
03/19/2025	645841
AMOUNT	
\$ **4,732.35**	

MADISON COUNTY

Steve L. Rawlings

AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈645841⑈ ⑆053112039⑆800104634910⑈

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Auto Comprehensive	3/12/2025	3/12/2025	Estimate	\$5,232.35	\$5,232.35
Auto Comprehensive	3/12/2025	3/12/2025	Deductible	(\$500.00)	(\$500.00)

Claim Number: 0562025370174 Payee: MADISON COUNTY

Check Number: 645841 Total Check Amt: \$4,732.35 Event Date: 1/18/2025 Department: 056 Madison Date of Check: 3/19/2025

Check Memo: Payment Letter

Facilities / Maintenance



March 12, 2025

Madison County
P.O. Box 705
Madison, VA 22727
ATTN: Tillie Strothers

VA Association of Counties Group Self-Insurance Risk Pool
Participant: Madison County
Claim Number: 0562025370174
Date of Loss: 01/18/2025

Dear Ms. Strothers,

Enclosed please find a VAcorp property damage check payable to Madison County in the amount of \$4732.35. This check is for the payment for the repairs of damage to the 2022 Chevrolet Colorado VIN 6512. This amount was determined by the estimate prepared by Ace Collision Center 16 Campground Lane Madison, VA 22727. Damage repairs estimate \$5232.35 - \$500.00 plan deductible= \$4732.35.

If you should have any questions regarding this payment, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in cursive script, appearing to read 'David Fields'.

David Fields
Claims Associate

Enclosure: Check