



C.O.#139970

COMMISSIONERS COURT
COMMUNICATION

REFERENCE NUMBER _____

PAGE 1 OF 5

DATE: 12/13/2022

SUBJECT: **AUTHORIZATION TO SUBMIT PROCUREMENT CARD ACCOUNT APPLICATION FORM TO JPMORGAN CHASE BANK FOR TARRANT COUNTY PROCUREMENT CARD - CRIMINAL DISTRICT ATTORNEY'S OFFICE**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court authorize the Purchasing Agent to submit a Procurement Card Account Application Form to JPMorgan Chase Bank for one (1) Tarrant County Procurement Card for the Criminal District Attorney's Office.

BACKGROUND

On August 25, 2020, the Commissioners Court, through Court Order #133581, awarded a contract for Procurement Card Services to JP Morgan Chase Bank.

The following employee at the Criminal District Attorney's Office completed the required Procurement Card Account Application Form and Employee Agreement in order to be issued a Tarrant County Procurement Card:

Ann Durfee

Tarrant County Procurement Card Procedures require authorization by the Commissioners Court for the Purchasing Agent to submit the application form to JPMorgan Chase Bank.

FISCAL IMPACT

There is no fiscal impact associated with this item.

SUBMITTED BY: Purchasing

PREPARED BY: Melissa Lee, C.P.M., A.P.P.
APPROVED BY: Chris Lax, CPSM, CPSD, CPCP





TAKINGS IMPACT ASSESSMENT CHECKLIST

Complete this form for any county action that involves the adoption of a regulation, policy, guideline, court resolution, or order.

Project/Regulation Name: _____ Authorization to Submit Procurement Card Account
Application Form to JPMorgan Chase Bank for Tarrant County Procurement Card - Criminal
District Attorney's Office _____

County Department: _____ PURCHASING _____

Contact Person: _____ Melissa Lee, C.P.M., A.P.P. _____

Phone Number for Contact Person: _____ (817) 884-3245 _____

Type of TIA Performed: SHORT TIA or FULL TIA. Circle one after answering the questions in
Sections II and III below.

I. Stated Purpose

Attach to this checklist an explanation of the purpose of the regulation, policy, guideline, court resolution, or order.

Note: The remainder of this Takings Impact Assessment Checklist should be completed in consultation with the Criminal District Attorney's Office.

II. Potential Effect on Private Real Property

1. Does the county action require a physical invasion, occupation, or dedication of real property?

Yes _____ No ✓ _____

2. Does the county action limit or restrict a real property right, even partially, or temporarily?

Yes _____ No ✓ _____

If you answered yes to either question, go to Section III. If you answered no to both, STOP HERE and circle SHORT TIA at the top of the form.



SHAREN WILSON
Criminal District Attorney
Tarrant County

Memorandum

To: Melissa Lee, Purchasing Agent
From: Sharen Wilson, Criminal District Attorney
Date: December 5, 2022
Re: Procurement Card Application

Please accept this request to authorize Ann Durfee from the Tarrant County Criminal District Attorney's Office to receive a procurement card as soon as possible but no later than December 16, 2022. The procurement card is used for the purpose of purchasing supplies, meeting materials, general items for the office, and making witness and employee travel reservations.

I can be reached at (817) 884-1644 with any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharen Wilson", is written over a horizontal line.

Sharen Wilson
Criminal District Attorney



EMPLOYEE AGREEMENT

I, Ann Durfee, Business Manager, hereby request a Procurement Card, hereafter the Card. As a holder I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with the Card and will be making financial commitments on behalf of the County.
2. I understand that the County is liable to Chase Bank for all charges made on the Card. I understand that I am liable for all charges not in compliance with this Agreement or with the Tarrant County Procurement Card Policy/Procedures Manual, hereafter the Manual.
3. I agree to use this Card for purchases in compliance with the manual and agree not to make purchases in violation of the policy set forth in the Manual. I understand that the County Auditor will audit the use of this Card and that appropriate actions will be taken to enforce this agreement and violations of the Manual.
4. Failure to follow Manual may result in the revocation of my use of the Card and other possible disciplinary actions.
5. I have received a copy of the Manual and understand the requirements of the Card's use.
6. I agree to return the Card immediately upon request or upon termination of my employment (including retirement).
7. If the Card is lost or stolen, I agree to notify the Purchasing Agent and Chase Bank immediately. If the Card is used in a manner not authorized by the manual, I agree to notify the Purchasing Agent immediately.
8. I understand that the burden of proof will be upon me to show that the items purchased were made in compliance with the policy as set forth in the Manual.
9. **Purchases made in violation of the policy as set forth in the Manual will subject me to liability for the total dollar amount of such unauthorized purchases.**


Employee Signature

Tarrant County Criminal District Attorney's Office
Department

12/5/22
Date


Criminal District Attorney
Elected/Appointed Official or Department Head

12/5/22
Date

U.S. Commercial Card Application

COMPANY/ORGANIZATION INFORMATION

TARRANT COUNTY

Company / Organization Name*

Bank Number*

Company Number*

Agent Number* (card design code)

APPLICANT SECTION* - * Indicates a required fieldAccount Holder Type*: ☒ Individual ☐ Department (If card issued to department please skip 1 and 6)**1. APPLICANT INFORMATION**

Ann

Full First Name*

Durfee

Middle Initial

Last Name*

Date of Birth* (mm/dd/yyyy)

Employee ID

2. ACCOUNT SECURITY

(Access Code 1 and Access Code 2 cannot be the same)

Access Code 1* (any 4 digit number)

Access Code 2* (any 4 alpha/numeric characters)

3. NAME AS IT WILL APPEAR ON CARD

Ann Durfee

Name as it will appear on Card* (21 character limit - including spaces)

Tarrant County - CDA

Second line to appear on Card (21 character limit - including spaces) e.g. Company Name/Other, etc.

4. ACCOUNT CONTACT INFORMATION

amdurfee@tarrantcountytx.gov

Business email address*

(817) 884-1694

Business phone number*

Mobile phone number*

5. ACCOUNT MAILING ADDRESS

401 West Belknap St.

Mailing Street Address*

Attn: CDA Business Office- 4th Floor

Mailing Street Address Line 2 (if applicable)

Fort Worth

City*

TX

76196

State*

Zip Code*

6. HOME ADDRESS

Home Street Address*

Home Street Address Line 2 (if applicable)

City*

State*

Zip Code*

ADMINISTRATOR SECTION* - * Indicates a required field**7. ACCOUNT SPEND LIMITS/CONTROLS**

\$ 5,000

Spend Limit*

\$

Single Amount Limit

Daily Transaction Limit

Cycle Transaction Limit

\$

Daily Amount Limit

\$

Cash Advance Limit

9. ACCOUNT PARAMETERS - OPTIONAL☐ Rush Delivery (fee may apply, No P.O. box)☐ Executive Card☐ Declining BalanceCard Delivery Code -
Site ID

Accounting Code

Effective Begin Date
(mm/dd/yyyy)Effective End Date
(mm/dd/yyyy)**8. MERCHANT CATEGORY CODE GROUP SPEND LIMITS**

MERCHANT CATEGORY CODE GROUP NAME*	Include (I)/ Exclude (E)*	CYCLE SPEND	CYCLE TRANS #	SINGLE AMOUNT	DAILY AMOUNT	DAILY TRANS #
TARRANTCO	E	\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	

10. HIERARCHY - **do not complete unless instructed during program set-up

Level 1 - if applicable*

Level 2**

Level 3**

Level 4**

Level 5**

Level 6**

11. ADMINISTRATOR CERTIFICATION - please read and sign

I am an authorized representative of the company and by submitting this application for a commercial card(s) for the applicant(s) listed above, I certify that:

- the information in the application and its supporting documents is accurate to the best of the company's knowledge, information and belief
- the identity of the applicant(s) has/have been verified and the applicant(s) is/are employee(s) or agent(s) of the company and is/are authorized to apply for and use the card(s) to incur expenses for the company, and
- the applicant(s) has/have consented to their information being provided for this application and a card(s) being issued in their name.

The company will maintain evidence of the applicant's consents and will give this evidence to JPMorgan Chase Bank, N.A., Chase Bank USA, N.A. or their affiliates upon request.

MELISSA LEE, C.P.M., A.P.P.

Program Administrator / Approver Name Printed*

 12/5/22
 Program Administrator / Approver Signature* (ELECTRONIC ACCEPTABLE) Date*

Program Administrator (Authorized Signer) Submit Application to:

Email: CCS-Account-Services@chase.com

US_CC_0820

