



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

PAGE 1 OF 5

DATE: 1/28/2025

**SUBJECT: AUTHORIZATION TO SUBMIT PROCUREMENT CARD ACCOUNT
APPLICATION FORM TO JPMORGAN CHASE BANK FOR TARRANT
COUNTY PROCUREMENT CARD - JUVENILE SERVICES**

***** 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 Juvenile Services.

BACKGROUND

On August 20, 2024, the Commissioners Court, through Court Order #143690, awarded a contract for Procurement Card Services to JPMorgan Chase Bank.

The following employee completed the required Procurement Card Account Application Form and Employee Agreement in order to be issued a Tarrant County Procurement Card:

Kimberly S. Dixon

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: | Christopher Lax, CPSM, CPSD, CPCP |



Memorandum

To: Melissa Lee, Purchasing Agent

From: Riley Shaw, Director, Juvenile Services

Date: 12/18/2024

Re: Procurement Card Application

Please accept this request to authorize Kimberly S. Dixon from the Tarrant County Juvenile Services to receive a procurement card for the purpose of purchasing supplies, meeting materials, travel arrangements, and general items for the office.

I can be reached at (817) 838-4642 with any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to be "Riley Shaw", followed by a long horizontal line extending to the right.

EMPLOYEE AGREEMENT

I, Kimberly S. Dixon, 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.**

K. Dixon Employee Signature Juvenile Svcs. Department 12/18/24 Date

[Signature] Elected/Appointed Official or Department Head 12-18-2024 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 field

Account Holder Type*: Individual Department (if card issued to department please skip 1 and 6)

1. APPLICANT INFORMATION

Kimberly S Dixon
 Full First Name* 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

Kimberly S. Dixon
 Name as it will appear on Card* (21 character limit - including spaces)
 TC Juvenile Services
 Second line to appear on Card (21 character limit - including spaces) e.g. Company Name/Other, etc.

4. ACCOUNT CONTACT INFORMATION

Ksdixon@tarrantcountytx.gov
 Business email address*
 Business phone number* Mobile phone number*

5. ACCOUNT MAILING ADDRESS

Tarrant County
 Mailing Street Address*
 100 E. Weatherford, Suite 303
 Mailing Street Address Line 2 (if applicable)
 Fort Worth
 City*

TX 76196
 State* Zip Code*

6. HOME ADDRESS

Tarrant County Juvenile Services
 Home Street Address*
 2701 Kimbo Rd.
 Home Street Address Line 2 (if applicable)
 Fort Worth
 City*

TX 76111
 State* Zip Code*

ADMINISTRATOR SECTION* - * indicates a required field

7. ACCOUNT SPEND LIMITS/CONTROLS

\$ Spend Limit* Cycle Transaction Limit
 \$ Single Amount Limit Daily Amount Limit
 Daily Transaction Limit Cash Advance Limit

8. ACCOUNT PARAMETERS - OPTIONAL

Rush Delivery (fee may apply. No P.O. box)
 Executive Card Card Delivery Code - Site ID
 Declining Balance Accounting Code

Effective Begin Date Effective End Date
 (mm/dd/yyyy) (mm/dd/yyyy)

9. 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 certian 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.

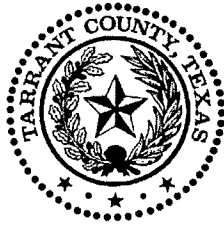
MELISSA LEE, C.P.M., A.P.P.

Program Administrator / Approver Name Printed*

X Melissa Lee
 Program Administrator / Approver Signature* (ELECTRONIC ACCEPTABLE) Date*

Program Administrator (Authorized Signer) Submit Application to:
 Email: CCS-Account-Services@chase.com

US_CC_DB20



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 JP Morgan Chase Bank for Tarrant County Procurement Card - Juvenile Services

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.
