

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19003

Sponsor(s): Crystal Williams, Theresa Galvin

Date: November 16, 2015

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Authorizing cooperative agreement with Cass County, Missouri</p>																	
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="337 525 1209 745"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$120,884.</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$116,796.</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$120,884.</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$120,884.</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM / TO</td> <td>Health Fund 002-9999-45406</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: _____ Estimated Use: \$ _____</p> <p>Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$120,884.	Amount previously authorized this fiscal year:	\$116,796.	Total amount authorized after this legislative action:	\$120,884.	Amount budgeted for this item * (including transfers):	\$120,884.	Source of funding (name of fund) and account code number; FROM / TO	Health Fund 002-9999-45406						
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PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): 18669 December 23, 2014</p>																	
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Kandi Brooke / Administrative Supervisor / 881-6595</p>																	
REQUEST SUMMARY	<p>The JCMEO is requesting resolution to execute a cooperative agreement for Medical Examiner services with Cass County, Missouri, for compensation payable to Jackson County in the amount of \$120,884.</p>																	
CLEARANCE	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>																	
ATTACHMENTS																		
REVIEW	<table border="1" data-bbox="321 1665 1546 1913"> <tr> <td>Department Director:</td> <td><i>Diane Peterson MD</i></td> <td>Date:</td> <td><i>10/30/2015</i></td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td><i>N/A Mary Rasmussen</i></td> <td>Date:</td> <td><i>11/12/15</i></td> </tr> <tr> <td>Division Manager:</td> <td><i>Mary Jo Brown</i></td> <td>Date:</td> <td><i>11/12/15</i></td> </tr> <tr> <td>County Counselor's Office:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>		Department Director:	<i>Diane Peterson MD</i>	Date:	<i>10/30/2015</i>	Finance (Budget Approval): <i>If applicable</i>	<i>N/A Mary Rasmussen</i>	Date:	<i>11/12/15</i>	Division Manager:	<i>Mary Jo Brown</i>	Date:	<i>11/12/15</i>	County Counselor's Office:		Date:	
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Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in ____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance #
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.