

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

A RESOLUTION authorizing the County Executive to execute a Cooperative Agreement for Medical Examiner Services in 2013 with Cass County, Missouri, for compensation payable to Jackson County in the amount of \$109,031.00.

RESOLUTION #17970, September 10, 2012

INTRODUCED BY Theresa Garza Ruiz, County Legislator

WHEREAS, Cass County, Missouri, a county of the first class, is required by section 58.700 and section 58.705, RSMo, to appoint a physician duly licensed by the Missouri State Board of Healing Arts as Cass County's medical examiner; and,

WHEREAS, section 58.765, RSMo authorizes any two or more counties to, by contract, join in the appointment of a county medical examiner to serve all such counties and requires the counties' governing bodies to approve the contract, administer the appointment, and allocate the costs among the counties; and,

WHEREAS, Mary H. Dudley, M.D., the duly appointed Chief Medical Examiner of Jackson County, is fully qualified, ready, and willing to continue service as Cass County's Medical Examiner as well; and,

WHEREAS, the Jackson County Medical Examiner, Jackson County administration, and Cass County have agreed on an equitable arrangement for the continued funding of a joint medical examiner's office located at the site of the current Jackson County

Medical Examiner's facility, which has worked satisfactorily for the past few years; and,

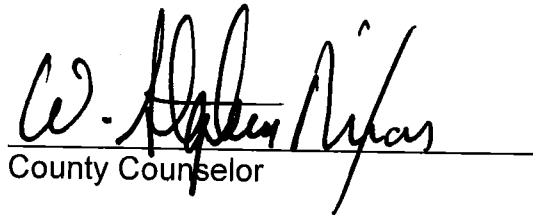
WHEREAS, it is in the best interests of the public health, safety, and welfare of the citizens of both Jackson and Cass Counties that the counties cooperate in the joint funding and operation of a single medical examiner's office in 2013; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the County Executive be and hereby is authorized to execute a Cooperative Agreement for Medical Examiner Services in 2013 with Cass County, Missouri, in a form to be approved by the County Counselor, for compensation payable to Jackson County in the amount of \$109,031.00.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:


Chief Deputy County Counselor


County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution #17970 of September 10, 2012, was duly passed on September 10, 2012 by the Jackson County Legislature. The votes thereon were as follows:

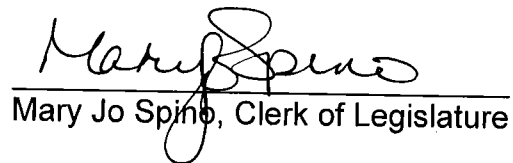
Yeas 7

Nays 0

Abstaining 0

Absent 2

9-10-12
Date


Mary Jo Spino, Clerk of Legislature

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 17970

Sponsor(s): Theresa Garza Ruiz

Date: Sept. 10, 2012

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Authorizing cooperative agreement with Cass County</p>										
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="316 535 1193 766"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$109,031</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$105,344</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$109,031</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$109,031</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)</p> <p>Prior Year Budget (if applicable): N/A Prior Year Actual Amount Spent (if applicable): N/A</p>	Amount authorized by this legislation this fiscal year:	\$109,031	Amount previously authorized this fiscal year:	\$105,344	Total amount authorized after this legislative action:	\$109,031	Amount budgeted for this item * (including transfers):	\$109,031	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):</p> <p>Prior resolutions and (date): 17722 11/7/11</p>										
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Denise Holt/Administrative Supervisor/881-6607</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 \$109,031</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="300 1711 1526 1942"> <tr> <td>Department Director: <i>Mary H Dudley MD</i></td> <td>Date: 8/28/12</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td>Date:</td> </tr> <tr> <td>Division Manager: <i>[Signature]</i></td> <td>Date: 8/28/12</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>	Department Director: <i>Mary H Dudley MD</i>	Date: 8/28/12	Finance (Budget Approval): <i>If applicable</i>	Date:	Division Manager: <i>[Signature]</i>	Date: 8/28/12	County Counselor's Office:	Date:		
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Division Manager: <i>[Signature]</i>	Date: 8/28/12										
County Counselor's Office:	Date:										

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.