













REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:
 Res/Ord No.: 20178
 Sponsor(s): Charlie Franklin
 Date: June 3, 2019

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: <u>A Resolution authorizing a transfer of \$24,644 within the Health Fund to supplement funding for a Chief Medical Examiner within the Medical Examiner's Office.</u>																										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$24,644</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$24,644</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$24,644</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>From Acct:</td> <td>From Amount</td> </tr> <tr> <td>002-1500-55010 Health Fund – Health Services– Regular Salaries</td> <td>\$20,265</td> </tr> <tr> <td>002-1300-55040 Health Fund – Health Services– Regular Salaries</td> <td>1,550</td> </tr> <tr> <td>002-1300-55050 Health Fund – Health Services– Regular Salaries</td> <td>2,829</td> </tr> <tr> <td>To Acct:</td> <td>To Amount</td> </tr> <tr> <td>002-2001-55010 Health Fund – Medical Examiner – Regular Salaries</td> <td>\$20,265</td> </tr> <tr> <td>002-2001-55010 Health Fund – Medical Examiner – Regular Salaries</td> <td>1,550</td> </tr> <tr> <td>002-2001-55010 Health Fund – Medical Examiner – Regular Salaries</td> <td>2,829</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:	\$24,644	Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:	\$24,644	Amount budgeted for this item * (including transfers):	\$24,644	Source of funding (name of fund) and account code number:		From Acct:	From Amount	002-1 500 -55010 Health Fund – Health Services– Regular Salaries	\$20,265	002-1 300 -55040 Health Fund – Health Services– Regular Salaries	1,550	002-1 300 -55050 Health Fund – Health Services– Regular Salaries	2,829	To Acct:	To Amount	002-2001-55010 Health Fund – Medical Examiner – Regular Salaries	\$20,265	002-2001-55010 Health Fund – Medical Examiner – Regular Salaries	1,550	002-2001-55010 Health Fund – Medical Examiner – Regular Salaries	2,829
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PRIOR LEGISLATION	Prior ordinances and (date): _____ Prior resolutions and (date): _____																										
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Ed Stoll, Chief Administrative Officer, 816-881-3064																										
REQUEST SUMMARY	Additional funds are necessary to supplement funding for a Chief Medical Examiner within the Medical Examiner's office. The requested transfer would provide that supplemental funding.																										
CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) N/A <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)																										
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals																										
ATTACHMENTS																											
REVIEW	<table border="1"> <tr> <td>Department Director: </td> <td>Date: 5-30-2019</td> </tr> <tr> <td>Finance (Budget Approval): If applicable </td> <td>Date: 5/20/19</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 5-30-19</td> </tr> <tr> <td>County Counselor's Office: </td> <td>Date: 5/30/2019</td> </tr> </table>	Department Director: 	Date: 5-30-2019	Finance (Budget Approval): If applicable 	Date: 5/20/19	Division Manager: 	Date: 5-30-19	County Counselor's Office: 	Date: 5/30/2019																		
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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.

