

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:
 Res/~~Ord~~ No.: 18786
 Sponsor(s): Crystal Williams
 Date: March 30, 2015

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A resolution requesting a transfer within the Health fund to cover a deficit in the 2015 Medical Examiner's overtime budget.</p>												
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="326 583 1357 1020"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$80,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$80,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM: 002-8005-6830 Health Fund, Non-Mandated Contingency, Contingency</td> <td style="text-align: right; vertical-align: top;">FROM ACCT \$80,000</td> </tr> <tr> <td>TO: 002-2001-5030 Health Fund, MEO, Over Time Salaries</td> <td style="text-align: right; vertical-align: top;">TO ACCT \$80,000</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): \$130,000.00 Prior Year Actual Amount Spent (if applicable): \$116,237.00</p>	Amount authorized by this legislation this fiscal year:	\$80,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$80,000	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-8005-6830 Health Fund, Non-Mandated Contingency, Contingency	FROM ACCT \$80,000	TO: 002-2001-5030 Health Fund, MEO, Over Time Salaries	TO ACCT \$80,000
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date):</p>												
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Kandi Brooke, Administrative Supervisor for Dr. Mary Dudley, Director (816) 881-6600</p>												
REQUEST SUMMARY	<p>This request authorizes a transfer from the Health Non-Mandated Contingency Fund to the Medical Examiner's Fund to cover a deficit in the over time budget line in the 2015 adopted budget.</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	Department Director: <i>Mary H Dudley MD</i>	Date: <i>3/13/15</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Mary Rasmussen</i>	Date: <i>3/17/15</i>
	Division Manager: <i>Mary Jo Brown</i>	Date: <i>3/24/15</i>
	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.

Fiscal Note: Jackson County, Missouri

Funds sufficient for this transfer are available from the sources indicated below.

Date: March 17, 2015 PC#

RES # 18786

Department / Division	Character/Description	From	To
Health Fund - 002			
8005 - Contingency	56830 - Contingency Fund	80,000	
2001 - Medical Examiner	55030 - Overtime Salaries		80,000
		80,000	80,000

Mary Rasmussen
Budgeting



Medical Examiner's Office

660 East 24th Street
Kansas City, MO 64108
816-881-6600
816-881-6641 fax

MEMO

To: Gary Panethiere
Mary Lou Brown
Cathy Jolly

From: Mary H. Dudley, MD.

Date: March 12, 2015

Re: Request for Emergency Funds

The Jackson County Medical Examiner's Office (JCMEO) is requesting submission of the attached RLA for \$80,000 to cover a deficit in the JCMEO 2015 overtime budget.

The JCMEO Investigators and Autopsy staff work 48 hours per week to cover 24/7 operations. We need funding for overtime to support services to Jackson, Cass, Clay, and Platte Counties. Prior to the 2014 budget, JCMEO has had adequate funds to cover these operations.

Year	Budgeted	Actual Expenditures
2015	50,000.00	YTD (3/12/15) \$22,674.
2014	*50,000.00	116,237.26
2013	152,000.00	123,050.55
2012	196,999.00	189,599.09
2011	187,000.00	196,692.40
2010	187,000.00	228,694.11
2009	187,000.00	199,589.59

*2014 added \$80,000. to OT budget with RLA #18495 in May, 2014.

I greatly appreciate your assistance in this matter. Please let me know if you have any questions or request any documentation on this issue.

Regards,

Mary H. Dudley, M.D.

Mary H. Dudley
Chief Medical Examiner