

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

A RESOLUTION transferring \$88,289.00 within the 2011 Health Fund, to cover the cost of budget shortfalls for insurance benefits and laboratory fees within the Medical Examiner's Office.

RESOLUTION #17755, December 6, 2011

INTRODUCED BY Theresa Garza Ruiz, County Legislator

WHEREAS, the Medical Examiner's Office has experienced a budget shortfall in its accounts for employee insurance benefits and laboratory fees; and,

WHEREAS, a transfer is necessary to cover these costs; and,

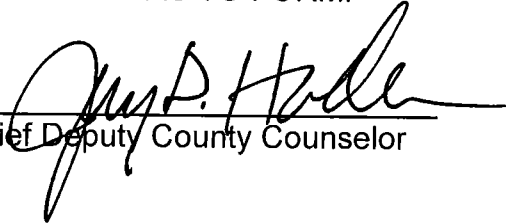
WHEREAS, the County Executive recommends this transfer; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the following transfer be and hereby is made:

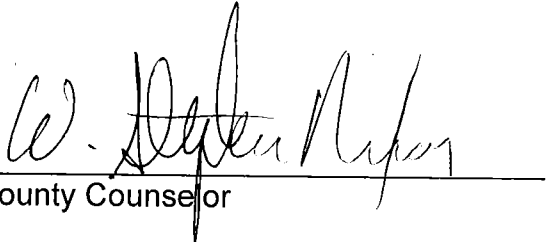
<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Health Fund			
Medical Examiner			
002-2001	55010 – Regular Salaries	\$21,000	
002-2001	55040 – FICA	\$20,000	
002-2001	56060 – Medical & Dental	\$ 5,000	
002-2001	56140 – Travel	\$ 8,608	
002-2001	56643 – Cell Phone	\$ 5,124	
002-2001	56750 – Educational Benefits	\$ 7,732	
002-2001	56790 – Other Contractual	\$20,374	
002-2001	57110 – Gasoline	\$ 451	
002-2001	55060 – Insurance Benefits		\$39,201
002-2001	56847 – Lab Fees		\$49,088

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 #17755 of December 6, 2011 as duly passed on December 6, 2011 by the Jackson County Legislature. The votes thereon were as follows:


Yeas 8

Nays 0

Abstaining 0

Absent 1

12.6.11
Date



Mary Jo Spino, Clerk of Legislature

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

ACCOUNT NUMBER: 002 2001 55010
ACCOUNT TITLE: Health Fund
Medical Examiner
Regular Salaries
NOT TO EXCEED: \$21,000.00

ACCOUNT NUMBER: 002 2001 55040
ACCOUNT TITLE: Health Fund
Medical Examiner
FICA
NOT TO EXCEED: \$20,000.00

ACCOUNT NUMBER: 002 2001 56060
ACCOUNT TITLE: Health Fund
Medical Examiner
Medical and Dental
NOT TO EXCEED: \$5,000.00

ACCOUNT NUMBER: 002 2001 56140
ACCOUNT TITLE: Health Fund
Medical Examiner
Travel Expense
NOT TO EXCEED: \$8,608.00


ACCOUNT NUMBER: 002 2001 56643
ACCOUNT TITLE: Health Fund
Medical Examiner
Cell Phone
NOT TO EXCEED: \$5,124.00

ACCOUNT NUMBER: 002 2001 56750
ACCOUNT TITLE: Health Fund
Medical Examiner
Educational Benefit
NOT TO EXCEED: \$7,732.00

ACCOUNT NUMBER: 002 2001 56790
ACCOUNT TITLE: Health Fund
Medical Examiner
Other Contractual
NOT TO EXCEED: \$20,374.00

ACCOUNT NUMBER: 002 2001 57110
ACCOUNT TITLE: Health Fund
Medical Examiner
Gasoline
NOT TO EXCEED: \$451.00

November 30, 2011
Date


Director of Finance and Purchasing

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Resolution No.: **17755**

Sponsor(s): **Theresa Garza Ruiz**

Date: **December 6, 2011**

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A request to transfer \$49,088 within the 2011 health fund in the Medical Examiner's Office to cover the cost of increased lab fees.</p>														
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="326 531 1203 846"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$49,088</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$324,689</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$373,777</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$373,777</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td>\$49,088</td> </tr> <tr> <td colspan="2">FROM: Various accounts (see attached)</td> </tr> <tr> <td colspan="2">TO: 002-2001-56847 – Lab Fees</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 checked="" 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:	\$49,088	Amount previously authorized this fiscal year:	\$324,689	Total amount authorized after this legislative action:	\$373,777	Amount budgeted for this item * (including transfers):	\$373,777	Source of funding (name of fund) and account code number:	\$49,088	FROM: Various accounts (see attached)		TO: 002-2001-56847 – Lab Fees	
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TO: 002-2001-56847 – Lab Fees															
PRIOR LEGISLATION	<p>Prior ordinances and (date): _____</p> <p>Prior resolutions and (date): _____</p>														
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Michael Henderson, Chief Investigator, 816-881-6600</p>														
REQUEST SUMMARY	<p>Requesting to transfer \$49,088 from various accounts within the 2011 Health Fund to the (56847) Lab Fees to cover cost of additional toxicology testing, added vendor for microbiology and to make back payments for 2009 & 2010 microbiology.</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>Maya Dudley MD</i>	Date: <i>11/29/11</i>
	Finance (Budget Approval): <i>If applicable Deborah S Ball</i>	Date: <i>11-30-11</i>
	Division Manager: <i>[Signature]</i>	Date: <i>11/30/11</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.

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 17755

Sponsor(s): Theresa Garza Ruiz

Date: December 6, 2011

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A request to transfer \$39,201 within the 2011 Health fund in the Medical Examiner's office to cover the cost of an increase in health insurance benefits.</p>														
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$39,201</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$132,517</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$171,718</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$171,718</td> </tr> <tr> <td>Source of funding (name of fund) and account code number –</td> <td></td> </tr> <tr> <td>FROM: Various accounts (See attached)</td> <td></td> </tr> <tr> <td>TO: 002-2001-55060 – Insurance Benefits</td> <td>\$39,201</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:	\$39,201	Amount previously authorized this fiscal year:	\$132,517	Total amount authorized after this legislative action:	\$171,718	Amount budgeted for this item * (including transfers):	\$171,718	Source of funding (name of fund) and account code number –		FROM: Various accounts (See attached)		TO: 002-2001-55060 – Insurance Benefits	\$39,201
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<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Michael Henderson, Chief Investigator, 816-881-6600</p>														
<p>REQUEST SUMMARY</p>	<p>Requesting to transfer \$39,201 from various accounts within the 2011 health fund to the insurance benefits account (56060) to cover the cost of increased coverage for employees.</p> <p>During 2011, our office experienced several employee changes to their medical and dental insurance coverage, which caused an increase in the amount being paid for insurance benefits. This transfer is being requested to cover the additional costs through the end of 2011.</p>														
<p>CLEARANCE</p>	<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>														
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