

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 5017

Sponsor(s): Crystal Williams

Date: September 18, 2017

SUBJECT	<p>Action Requested Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting an appropriation of \$20,015 from the Health Fund as a result of the increase in revenues due to the new contracts with Cass, Platte, and Clay Counties for medical examiner services.</p>								
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width: 100%;"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$20,015</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;">\$20,015</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$0</td> </tr> </table> <p>Source of funding (name of fund) and account code number; FROM: 002-9999 2810 Health Fund, Non-Dept Health Fund</p> <p style="text-align: right;">FROM ACCT \$20,015.</p> <p>TO: 002-2001 6790 Health Fund, MEO, Other Contractual Services</p> <p style="text-align: right;">TO ACCT \$20,015.</p> <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:	\$20,015	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$20,015	Amount budgeted for this item * (including transfers):	\$0
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date): Res. 19460 (5/1/2017), Res.19461 (5/1/2017), & Res 19462 (5/1/2017)</p>								
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Kandi Brooke, Administrative Supervisor for Dr. Diane Peterson, Chief Medical Examiner (816) 881-6600</p>								
REQUEST SUMMARY	<p>An appropriation of \$20,015 from the 2017 Health Fund as a result of the increase in revenues from new contracts with Cass, Platte, and Clay Counties for use by the Medical Examiner's Office to help cover additional expenditures due to an increased case load.</p>								

CLEARANCE	<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)	
ATTACHMENTS		
REVIEW	Department Director: <i>Diane Peterson MD</i>	Date: <i>09/07/2017</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>9/8/17</i>
	Division Manager: <i>[Signature]</i>	Date: <i>9-11-17</i>
	County Counselor's Office: <i>[Signature]</i>	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:
<i>2810</i>	<i>Unapportioned Fund Balance</i>	<i>\$20,015</i>

- 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.

Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date: September 8, 2017

ORD # 5017

Department / Division	Character/Description	From	To
Health Fund - 002			
9999	45404 - Cass ME	\$ 1,148	\$ -
9999	45405 - Platte ME	13,541	
9999	45406 - Clay ME	5,326	-
9999	2810 - Undesignated Fund Balance		20,015
9999	2810 - Undesignated Fund Balance	20,015	-
2001 - Medical Examiner	56790 - Other Contractual Services		20,015
		\$ 20,015	\$ 20,015

 9/8/17
 Budget Office