

**REQUEST FOR LEGISLATIVE ACTION
EXECUTIVE OFFICE**

OCT 24 2018

Completed by County Counselor's Office:
~~Res~~Ord No.: 5171
 Sponsor(s): Crystal Williams
 Date: November 5, 2018

<p>SUBJECT</p>	<p>Action Requested Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Requesting an appropriation of \$75,159 from the Health Fund as a result of the increase in revenues due to the new contracts with Cass and Platte Counties for medical examiner services.</p>												
<p>BUDGET INFORMATION To be completed By Requesting Department and Finance</p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$75,159</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$75,159</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM: 002-9999 2810 Health Fund, Non-Dept Health Fund</td> <td>FROM ACCT \$75,159</td> </tr> <tr> <td>TO: 002-2001 55010 Health Fund, MEO, Other Contractual Services 002-2001 56570 Health Fund, MEO, Maint & Repair Misc</td> <td>TO ACCT \$ 49,401.00 \$ 25,758.00</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:	\$75,159	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$75,159	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-9999 2810 Health Fund, Non-Dept Health Fund	FROM ACCT \$75,159	TO: 002-2001 55010 Health Fund, MEO, Other Contractual Services 002-2001 56570 Health Fund, MEO, Maint & Repair Misc	TO ACCT \$ 49,401.00 \$ 25,758.00
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date): Res. 19838, Res. 19839, Res. 19840 April 23, 2018 Agreements for increased compensation payable to Jackson County covering Medical Examiner services for Cass and Platte Counties.</p>												
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, & phone): Kandi Brooke, Administrative Supervisor for Dr. Diane Peterson, Chief Medical Examiner (816) 881-6600</p>												
<p>REQUEST SUMMARY</p>	<p>Requesting an appropriation of \$75,159 from the Health Fund as a result of the increase in revenues due to the new contracts with Cass and Platte Counties for medical examiner services to help cover additional expenditures and repairs due to an increased case load.</p>												
<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)	
ATTACHMENTS		
REVIEW	Department Director: <i>David G. Stinson MD</i>	Date: <i>10/17/2018</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>10/24/18</i>
	Division Manager: <i>Sam M/A</i>	Date: <i>10-24-18</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:
<i>2810</i>	<i>Undesignated Fund Balance</i>	<i>\$75,159</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.

