

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19157

Sponsor(s): Scott Burnett

Date: May 23, 2016

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: A resolution requesting a transfer within the Medical Examiner's budget to cover deficit in the 2016 overtime budget.</p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" style="width: 100%;"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$90,000</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;">\$90,000</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: 002-2001-5010 Health Fund, MEO, Regular Salaries</td> <td style="text-align: right; vertical-align: top;">FROM ACCT \$90,000</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 \$90,000</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): \$139,999.00 Prior Year Actual Amount Spent (if applicable): \$137,669.00</p>	Amount authorized by this legislation this fiscal year:	\$90,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$90,000	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-2001-5010 Health Fund, MEO, Regular Salaries	FROM ACCT \$90,000	TO: 002-2001-5030 Health Fund, MEO, Over Time Salaries	TO ACCT \$90,000
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<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): Prior resolutions and (date):</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>This request authorizes a transfer within the Medical Examiner's budget to cover a deficit of overtime budget in the 2016 adopted budget.</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>												

ATTACHMENTS		
REVIEW	Department Director: <i>Diane Peterson</i>	Date: 05/06/2016
	Finance (Budget Approval): <i>If applicable</i>	Date: 5/11/16
	Division Manager: <i>Mary Lou Brown</i>	Date: 5/19/16
	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: May 11, 2016 PC# _____

RES # 19157

<u>Department / Division</u>	<u>Character/Description</u>	<u>From</u>	<u>To</u>
Health Fund - 002			
2001 - Medical Examiner	55010 - Regular Salaries	90,000	
2001 - Medical Examiner	55030 - Overtime Salaries		90,000
		90,000	90,000

[Signature] 5/11/16
Budgeting