

REQUEST FOR LEGISLATIVE ACTION

EXECUTIVE OFFICE

Completed by County Counselor's Office:

Res/Ord No.: 20200

Sponsor(s): Charlie Franklin

Date: July 15, 2019

Jul 12 2019

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>A Resolution authorizing a transfer of funds to cover contract services of a forensic pathologist to relieve the County's Office of the Medical Examiner due to the current caseload and the vacay of two deputy forensic pathologists.</u></p>																
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$60,000</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>\$60,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$60,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>From Acct: 002-2001-55010 General Fund – Medical Examiner – Regular Salaries</td> <td>From Amount \$60,000</td> </tr> <tr> <td>To Acct: 002-2001-56790 General Fund – Medical Examiner – Other Contractual Services</td> <td>From Amount \$60,000</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): _____ Prior Year Actual Amount Spent (if applicable): _____</p>	Amount authorized by this legislation this fiscal year:	\$60,000	Amount previously authorized this fiscal year:	0	Total amount authorized after this legislative action:	\$60,000	Amount budgeted for this item * (including transfers):	\$60,000	Source of funding (name of fund) and account code number:		From Acct: 002-2001-55010 General Fund – Medical Examiner – Regular Salaries	From Amount \$60,000	To Acct: 002-2001-56790 General Fund – Medical Examiner – Other Contractual Services	From Amount \$60,000		
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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): Ashley Burke, Executive Assistant, 881-3449</p>																
REQUEST SUMMARY	<p>Transfers funds from the Medical Examiner's regular salaries fund to other contractual services to fund the contract for the services of a forensic pathologist to relieve the County's Office of Medical Examiner due to the current caseload and the vacancy of two deputy forensic pathologists.</p>																
CLEARANCE	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) N/A <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>																
COMPLIANCE	<p><input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals</p>																
ATTACHMENTS																	
REVIEW	<table border="1"> <tr> <td>Department Director:</td> <td><i>Lindsay Hildebrand</i></td> <td>Date:</td> <td>07/12/19</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td><i>Mary Rasmussen</i></td> <td>Date:</td> <td>7/12/19</td> </tr> <tr> <td>Division Manager:</td> <td><i>[Signature]</i></td> <td>Date:</td> <td>7-12-19</td> </tr> <tr> <td>County Counselor's Office:</td> <td><i>Bryan Connolly</i></td> <td>Date:</td> <td>7/15/19</td> </tr> </table>	Department Director:	<i>Lindsay Hildebrand</i>	Date:	07/12/19	Finance (Budget Approval): <i>If applicable</i>	<i>Mary Rasmussen</i>	Date:	7/12/19	Division Manager:	<i>[Signature]</i>	Date:	7-12-19	County Counselor's Office:	<i>Bryan Connolly</i>	Date:	7/15/19
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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.

