

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Resolution No.: 18633

Sponsor(s): Theresa Garza Ruiz

Date: October 20, 2014

<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 Health fund to cover a deficit in the 2014 Medical Examiner's Lab Fees budget, and notification of increase laboratory costs from current laboratory service provider.</p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="326 600 1206 1037"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$185,000</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>\$185,000</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: 002-8005-6830 Health Fund, Non-Mandated Contingency, Contingency</td> <td>FROM ACCT \$ 185,000.</td> </tr> <tr> <td>TO: 002-2001-6847 Health Fund, MEO, Lab Fees</td> <td>TO ACCT \$ 185,000.</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)</p> <p><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): \$326,663.00 Prior Year Actual Amount Spent (if applicable): \$320,271.00</p>	Amount authorized by this legislation this fiscal year:	\$185,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$185,000	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-8005-6830 Health Fund, Non-Mandated Contingency, Contingency	FROM ACCT \$ 185,000.	TO: 002-2001-6847 Health Fund, MEO, Lab Fees	TO ACCT \$ 185,000.
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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. Mary Dudley, Director (816) 881-6600</p>												
<p>REQUEST SUMMARY</p>	<p>This request authorizes a transfer from the Health Non-Mandated Contingency Fund to the Medical Examiner's Fund to cover a deficit in Lab Fee budget line due to the \$93,768.00 reduction in the 2014 adopted budget, as well as notification of a 60% increase in lab fees per case from Children's Mercy Hospital. This increase amounts to approximately \$15,000 per month starting July, 2014.</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	Email notification from Deb Faller, Laboratory, Outreach Manager, regarding increase in laboratory fees starting July 1, 2014.	
REVIEW	Department Director: <i>Wynne Dudley MD</i>	Date: <i>8/5/14</i>
	Finance (Budget Approval): <i>If applicable, Liberman S Ball</i>	Date: <i>10-10-14</i>
	Division Manager: <i>[Signature]</i>	Date: <i>10/14/14</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.

Fiscal Note: Jackson County, Missouri

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

Date: October 13, 2014

~~WFOB/DW~~ RES? #18633

Department / Division	Character/Description	From	To
Health Fund - 002			
8005 - Non-mandated Contingency	56830 - Contingency	185,000	
2001 - Medical Examiner Office	56847 - Lab Fees		185,000
		185,000	185,000

Shirley L Ball 10-13-14
Budgeting