

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Resolution No.: 18989

Sponsor(s): Crystal Williams

Date: No. 9, 2015

<p>SUBJECT</p>	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: This request authorizes a transfer within the Health, Non-Departmental fund to cover additional work requested during the construction process of the New Medical Examiner's Office to complete and improve unfinished space for autopsy rooms etc. less improvements that TMC should have paid.</p>												
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="326 573 1362 1010"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$374,022.28</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>\$374,022.28</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: 002-5102-8020 Health Fund, Non-Departmental, Building & Improvements</td> <td>FROM ACCT \$374,022.28</td> </tr> <tr> <td>TO: 002-5102-56790 Health Fund, Non-Departmental, Other Contractual</td> <td>TO ACCT \$374,022.28</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:	\$374,022.28	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$374,022.28	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-5102-8020 Health Fund, Non-Departmental, Building & Improvements	FROM ACCT \$374,022.28	TO: 002-5102-56790 Health Fund, Non-Departmental, Other Contractual	TO ACCT \$374,022.28
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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, Interim Chief Medical Examiner (816) 881-6600</p>												
<p>REQUEST SUMMARY</p>	<p>This request authorizes a transfer within the Health, Non-Departmental fund to cover additional work requested during the construction process of the New Medical Examiner's Office to complete and improve unfinished space for autopsy rooms etc. less improvements that TMC should have paid.</p> <p>\$ 431,731.00 - \$57,708.72 (\$26,999.71 + \$29,109.01 + \$1600.00) = \$374,022.28</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>10/26/2015</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Paul Jans</i>	Date: <i>10/27/15</i>
	Division Manager: <i>Marylou Brown</i>	Date: <i>11/4/15</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.

