

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:
 Res/~~Ord~~ No.: 18911
 Sponsor(s): Crystal Williams
 Date: August 24, 2015

SUBJECT	<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 contract agreements for Forensic Pathologist services during interim, after Chief Medical Examiner's retirement, and neuropathology consultations due to high volume of cases.</p>												
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="326 617 1360 1024"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$50,000.</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>\$50,000.</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: 002-2001-55010 Health Fund, Medical Examiner, Regular Salaries</td> <td>FROM ACCT \$50,000.</td> </tr> <tr> <td>TO: 002-2001-56060 Health Fund, Medical Examiner, Medical & Dental Services</td> <td>TO ACCT \$50,000.</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:	\$50,000.	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$50,000.	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: 002-2001-55010 Health Fund, Medical Examiner, Regular Salaries	FROM ACCT \$50,000.	TO: 002-2001-56060 Health Fund, Medical Examiner, Medical & Dental Services	TO ACCT \$50,000.
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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): Kandi Brooke, Administrative Supervisor for Dr. Mary Dudley, Director (816) 881-6600</p>												
REQUEST SUMMARY	<p>Project/Title: A resolution requesting a transfer within the Medical Examiner's budget to cover contract agreements for Forensic Pathologist services during interim, after Chief Medical Examiner's retirement, and neuropathology consultations due to high volume of cases.</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)</p>												
ATTACHMENTS													

REVIEW	Department Director: <i>Mary H. Sudley MD</i>	Date: <i>8/10/15</i>
	Finance (Budget Approval): <i>If applicable</i> <i>[Signature]</i>	Date: <i>8/11/2015</i>
	Division Manager: <i>[Signature]</i>	Date: <i>8/18/15</i>
	County Counselor's Office: <i>Mary Lou Brown</i>	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:

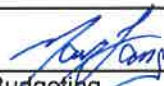
- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

Fiscal Note: Jackson County, Missouri

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

Date: August 11, 2015 PC# _____ RES # 18911

Department / Division	Character/Description	From	To
Health Fund - 002			
2001- Medical Examiner	55010- Regular Salaries	50,000	
2001- Medical Examiner	56060- Medical & Dental Services		50,000
		50,000	50,000


Budgeting