

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 5042

Sponsor(s): Crystal Williams

Date: October 30, 2017

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Transfer of funds collected through Violent Death and Enhanced Opioid Surveillance reporting.</p>												
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="316 514 1356 861"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$4410.</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;">\$4410.</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: Undesignated Fund Balance 002-9999-47060 Health Fund, Miscellaneous</td> <td style="text-align: right;">FROM ACCT \$4410.</td> </tr> <tr> <td>TO: 002-2001-58170 Health Fund, MEO, Other Equipment</td> <td style="text-align: right;">TO ACCT \$4410.</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:	\$4410.	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$4410.	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: Undesignated Fund Balance 002-9999-47060 Health Fund, Miscellaneous	FROM ACCT \$4410.	TO: 002-2001-58170 Health Fund, MEO, Other Equipment	TO ACCT \$4410.
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PRIOR LEGISLATION	<p>Prior ordinances and (date): Prior resolutions and (date): Res. 19490 June 15, 2017</p>												
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Kandi Brooke, Administrative Supervisor for Dr. Diane Peterson, Chief Medical Examiner (816) 881-6600</p>												
REQUEST SUMMARY	<p>JCMEO provides statistical reporting of Opioid and Violent deaths within their authority to the Department of Health and Senior Services. The data will be used to develop and target violence and opioid overdose interventions at local, county, and statewide levels.</p> <p>Request \$4410. from funds collected through Violent Death and Enhanced Opioid Surveillance reporting; June 2017 Violent deaths \$2820, June 2017 Opioid deaths \$780, and July 2017 Violent deaths \$810, to be transferred from the undesignated fund balance 002-9999-47060 to line item 002-2001-58170</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>DiAnne Britton MD</i>	Date: <i>10/23/2017</i>
	Finance (Budget Approval): <i>If applicable</i> <i>Spaul Matthee</i>	Date: <i>10/24/17</i>
	Division Manager: <i>James Mat</i>	Date: <i>10-26-17</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:
<i>002-9999-47060</i>	<i>Heath Fund - Miscellaneous</i>	<i>\$ 4,410</i>

- 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.

Supplemental Appropriation Request Jackson County, Missouri

Funds sufficient for this appropriation are available from the source indicated below.

Date: October 24, 2017

ORD # 5042

Department / Division	Character/Description	From	To
Health Fund - 002			
9999	47060 - Miscellaneous	4,410	
2810	Undesignated Fund Balance		4,410
2810	Undesignated Fund Balance	4,410	
2001 - Medical Examiner	58170 - Other Equipment		4,410


10/24/17
 Budgeting