

2013-211

# LEGISLATIVE FACT SHEET

DATE: 03/12/13

BT or RC No: 13-046  
(Administration Bills)

SPONSOR: Medical Examiner's Office  
(Department/Division/Agency/Council Member)

### PURPOSE/SUMMARY:

The Medical Examiner's Office received the 2012 Paul Coverdell Forensic Sciences Improvement Grant awarded by the National Institute of Justice (NIJ). The funding will be used to purchase a Reciprocating 2-speed Shaker along with required accessories. This equipment would be used to automate the task of manually shaking liquid/liquid extraction tubes used for certain drug analyses. This would insure uniform treatment of all calibrators, controls, and samples which is vital for good, forensically defensible quantitative results.

APPROPRIATION: Total Amount Appropriated: \$1,912.00 as follows:

(Name of Fund as it will appear in title of legislation) Medical Examiner - FDLE - Coverdell Grant

Name of Federal Funding Source:	<u>Dept of Justice-NIJ-FDLE Coverdell Forensic Grant</u>	Amount:	<u>\$1,912.00</u>
Name of State Funding Source:	_____	Amount:	_____
Name of City of Jax Funding Source:	_____	Amount:	_____
Name of In-Kind Contribution:	_____	Amount:	_____
Name of Bond Acct:	_____	Amount:	_____
Bond Account Number:	_____		

### IMPACT - FINANICIAL / OTHER:

### ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; height: 30px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Medical Examiner</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Terri McCrackin, Operations Manager, Medical Examiner's Office

(Name, Job Title, Department)

Phone: 255 4012

E-mail: terrim@coj.net

Contact Same as above

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**