

# LEGISLATIVE FACT SHEET

2014-0201

DATE: February 25, 2014

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Medical Examiners Office MEME011

**PURPOSE/SUMMARY:**

- For payment of District IV Medical Examiner services rendered to Nassau County for the period of October 1, 2014 through September 30, 2017. This Agreement is a three (3) year contract.

**APPROPRIATION:** Total Amount Appropriated: \$ \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u> No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes <u>X</u> No ___	Ord. # of Previous <u>Ord. #2011-566</u>

Report Required to City Council/Council Auditors

Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Frequency \_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Mayor's Office, Fourth Floor, City Hall at St. James

From: Valerie J. Rao, MD, Chief Medical Examiner, Medical Examiner's Office  
(Name, Job Title, Department)

Phone: 255 4000 Fax: 630-0964 E-mail: vrao@coj.net

Contact person: Kimberly Bynum, Operations Manager, Medical Examiner's Office  
(Name, Job Title, Department)

Phone: 255 4012 Fax: 630-0964 E-mail: kbynum@coj.net

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

To: Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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