LEGISLATIVE FACT SHEET 2014-0203

DATE: February 25, 2014 **BT OR RC NUMBER**: _____ 2
(Administration Bills)

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

PURPOSE/SUMMARY:

- For payment of District IV Medical Examiner services rendered to Hamilton 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 _X_	Justification:_____
Federal or State Mandates	Yes ___	No _X_	
Fiscal Year Carryover?	Yes ___	No _X_	
CIP Amendment?	Yes ___	No _X_	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes _X_	No __	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No _X_	
Oversight Department Required?	Yes ___	No _X_	Name of Dept._____
Related RC?/BT?	Yes ___	No _X_	(Attach a copy)
Waiver of Code?	Yes ___	No _X_	(Identify Code Provision _____)
Code Exception?	Yes ___	No_X_	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No_X_	
Surplus Property Certification?	Yes ___	No_X_	(Attach a copy)
Related Enacted Ordinances?	Yes _X_	No____	Ord. # of Previous Ord. **#2011-564**

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

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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED