LEGISLATIVE FACT SHEET 2014-0204

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DATE: <u>February 25, 2014</u> BT OR	RC NUMBER:(Administra	tion Bills)	
SPONSOR (Department/Division/Agency	y/Council Member): <u>M</u>	ledical Examiners Office MEME011	
PURPOSE/SUMMARY:			
• For payment of District IV Medica through September 30, 2017. This		ndered to Nassau County for the period of October 1, 2014 3) year contract.	
APPROPRIATION: Total Amount A	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			
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) Approv	(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 NoX	(Identify Code Provision)	
Continuation Grant?	Yes No_X		
Surplus Property Certification?	Yes No _X		
Related Enacted Ordinances?	Yes X No	Ord. # of Previous <u>Ord. #2011-566</u>	
Report Required to City Council/C		• Date Frequency	

ADMINISTRATION TRANSMITTAL

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- 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: <u>630-0964</u>	E-mail: vrao@coj.net		
Contact person: <u>Kimberly Bynum, Operations Manager, Medical Examiner's Office</u> (Name, Job Title, Department)						
	Phone:	255 4012	Fax: <u>630-0964</u>	E-mail: <u>kbynum@coj.net</u>		
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(COUNCI	IL MEMBER / INDEPEN	DENT AGENCY / CONSTITUT	IONAL <u>OFFICER_TRANSMITTAL</u>		
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:					
	Phone:	(Name, Job Title	e, Department) Fax:	E-mail:		
Legisla	tion from	Independent Agencies requ	uires a resolution from the Independ	lent Agency Board approving the legislation.		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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