

LEGISLATIVE FACT SHEET

2014 - 0234

DATE: 02/26/14

BT or RC No: BT14-040
(Administration Bills)

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

PURPOSE/SUMMARY:

The Medical Examiner's Office received the 2013 Paul Coverdell Forensic Sciences Improvement Grant awarded by the National Institute of Justice (NIJ). The funding will be used to purchase a variable speed rotator, a blood test tube holder and a floating tissue bath, which will replace outdated Toxicology Laboratory equipment.

APPROPRIATION: Total Amount Appropriated: \$1,403.00 as follows:

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

Name of Federal Funding Source: Dept of Justice - NIJ FDLE Coverdell Grant Amount: \$1,403.00

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"/>	_____
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>Grants & Compliance Office</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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: Valerie Rao, MD, Chief Medical Examiner

Valerie Rao M.D.

(Name, Job Title, Department)

Phone: 255-4000

E-mail: vrao@coj.net

Contact Kimberly Bynum, Operations Manager - Medical Examiner's office

Person: (Name, Job Title, Department)

Phone: 255-4012

E-mail: kbynum@coj.net

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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED