

# LEGISLATIVE FACT SHEET

2014-0005

RC-15038

DATE: 11/4/14 BT OR RC NUMBER: BT15014  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

We need part time employees to assist with the current and future workload at the Medical Examiner's Office.

**APPROPRIATION :** Total Amount Appropriated: \$ 37,000.00 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: Medical Exams Amount: \$ 37,000

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 ___ No <u>X</u> | (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 <u>X</u> No ___ | (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 ___ No <u>X</u> | Ord. # of Previous _____        |
- 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: vr Rao@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**