

# LEGISLATIVE FACT SHEET 2015-0270

DATE: \_\_\_\_\_ BT OR RC NUMBER: BT 15-076  
(Administration Bills)

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

**PURPOSE/SUMMARY:**  
Insurance recovery funds from November 13 flood for Tox flood claim being transferred to Professional Services to pay for Tox service due to backlog of Tox cases from most recent equipment failure.

APPROPRIATION: Total Amount Appropriated: \$ 34,348.95 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 Tax Funding Source: Insurance Recoveries Amount: \$ 34,348.95

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 Valerie Rao M.D.  
(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 Kim Bynum  
(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**