

# LEGISLATIVE FACT SHEET

2015-0408

DATE: BT OR RC NUMBER: BT15076  
(Administration Bills)

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

## PURPOSE/SUMMARY:

Funds from insurance claims for damaged equipment and supplies from Flood in Toxicology Lab being transferred To Operating Supplies to purchase items we were unable to purchase with FY15 funds because these funds were used To pay for damages incurred from flood.

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 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 <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 ___	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)

*Valerie Rao MD*

Phone: 255 4000 Fax: 630-0964 E-mail: vrap@coj.net

Contact person: Kimberly Bynum, Operations Manager, Medical Examiner's Office  
(Name, Job Title, Department)

*Kim Bynum*

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**