

LEGISLATIVE FACT SHEET

2015-0721

DATE: BT OR RC NUMBER: BT16004
(Administration Bills)

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

PURPOSE/SUMMARY:

The Medical Examiner's Office received residual funds to the 2014 Paul Coverdell Forensic Sciences Improvement Grant awarded by the National Institute of Justice. These additional funds will be used to purchase wheels for autopsy carts.

APPROPRIATION: Total Amount Appropriated: \$ 610.00 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: \$ 610.00

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 <u>X</u> No ___	Name of Dept.: Grants & Compliance _____
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 <u>X</u> No ___	Ord. # of Previous: 2014-407

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 M.D.

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)

Kim By

Phone: 255 4012

Fax: 630-0964

E-mail: kbynum@coj.net

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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED