

LEGISLATIVE FACT SHEET

DATE: 03/08/17

BT or RC No: BT 17-081
(Administration & City Council Bills)

SPONSOR: Medical Examiner's Office
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: _____

Provide Name: Timothy C. Crutchfield

Contact Number: 904-255-4012

Email Address: tcrutchfield@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council Introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

The Medical Examiner's Office received the 2016 Paul Coverdell Forensic Sciences Improvement Grant awarded by the National Institute of Justice. The grant was applied for by the Florida Medical Examiner's Commissions with funds being distributed amongst the 25 Florida Medical Examiner districts. The funding will be used to purchase photographic equipment for the forensic photography section of the Medical Examiner's Office.

APPROPRIATION: Total Amount Appropriated \$3,241.95 as follows:
 List the source name and provide Object and Subobject Numbers for each category listed below:

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

Name of Federal Funding Source(s)	From: Department of Justice - FDLE Coverdell Grant	Amount: \$3,241.95
	To:	Amount:
Name of State Funding Source(s):	From:	Amount:
	To:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	To:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	To:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	To:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The grant will be funded by the appropriation of funds by the City of Jacksonville for the purchase of photographic equipment for the forensic photography section of the Medical Examiner's Office. Once the grant is funded, the equipment purchased and paid for, the City will be reimbursed for the cost of the grant. This funding does not require a match. The awarded amount has exceeded the \$2780.00, which was approved within the departments FY17 budget, by \$461.95 (16.6%).

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

Emergency? Yes No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate? Yes No

X Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Dr. Valerie Rao, M.D. - District 4 Medical Examiner's Office

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No

Continuation of Grant?

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property
Certification?

Attachment: If yes, attach appropriate form(s).

Reporting
Requirements?

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating

Division Chief: *Walter Raw*
(signature)

Date: 4/9/2017

Prepared By: *[Signature]*
(signature)

Date: 4/9/2017

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

From: Valerie Rao, M. D., Chief Medical Examiner
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-4012 E-mail: vrao@coj.net

Primary Contact: Timothy C. Crutchfield, Director of Operations, Medical Examiner's Office
(Name, Job Title, Department)
Phone: 904-255-4012 E-mail: tcutchfield@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No
Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED