# LEGISLATIVE FACT SHEET

DATE: 07/11/17

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

SPONSOR: Medical Examiner's Office - MEME011

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations

Provide Name:	Tim Crutchfield	
Contact Number:	904-255-1740	
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 is seeking an ordinance approving and authorizing a cooperative agreement for Medical Examiner services between the city of Jacksonville and Columbia County. The agreement would address the reimbursement of Medical Examiner's fees for autopsy services performed for Columbia County. The reimbursement reflects the fees as defined by Ordinances 2015-405-E and 2017-0370-E. We are proposing that the Cooperative Agreement be in effect for three (3) years from October 1, 2017 through September 30, 2020. The impact of not providing this service is an estimated loss of more than \$185,300 in revenue.

#### APPROPRIATION: Total Amount Appropriated

as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	то:	Amount:

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

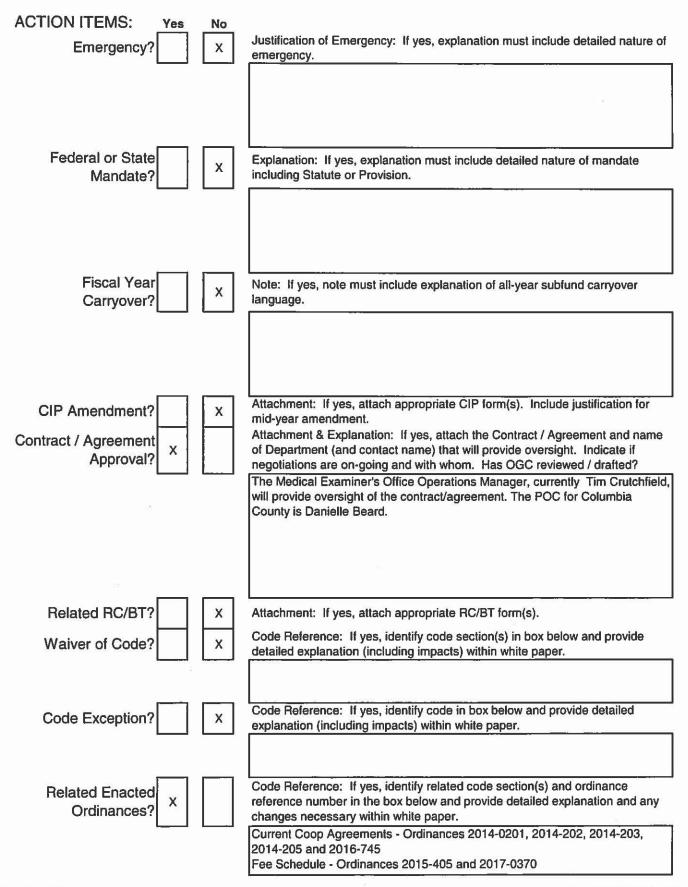
### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

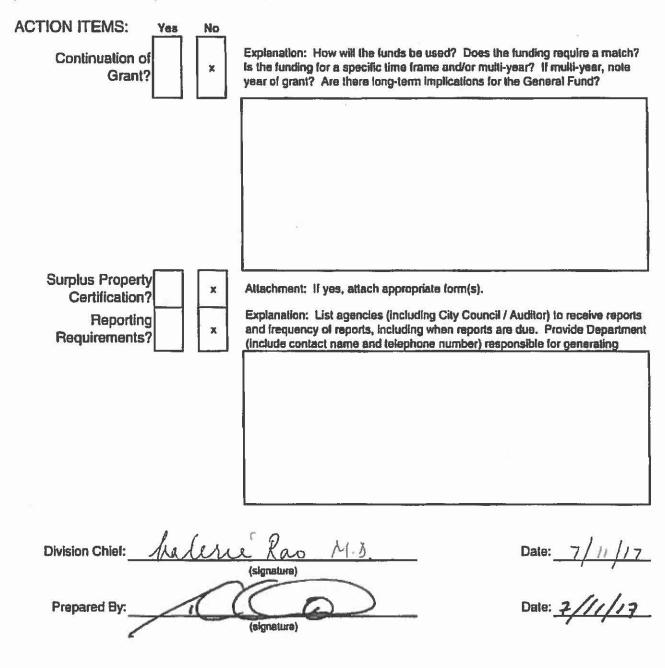
(Minimum of 350 words - Maximum of 1 page.)

The impact of not approving this agreement would result in the loss of more than \$185,300 in annual revenue.

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



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



## **ADMINISTRATIVE TRANSMITTAL**

То:	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: 255-4006	E-mail: <u>vrao@coj.net</u>		
Primary Contact:	This of definition, operations manager, medical Examiner's office			
	(Mane, bob me, Department)	E-mail: tcrutchfield@coj.net		
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>			
		AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of Gener Phone: 904-630-4647	al Counsel, St. James Suite 480 E-mail: psidman@coj.net		
From:				
	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone:	E-mail:		
Primary Contact:				
oomaon.	(Name, Job Title, Department)			
CC:	Phone:			
00.	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail:akshelton@coj.net			
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approvin	g the legislation.	equires a resolution from the Independent Agency Board		
3 <b>.</b> .	dent Agency Action Item: Yes	No Attachment: If yes, attach appropriate documentation. If no,		
1	Boards Action / Resolution?	when is board action scheduled?		

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED