

**Lee County Board Of County Commissioners  
Agenda Item Summary**

Blue Sheet No. 20020383

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Approve transfer of funds from General Fund Reserve in the amount of \$206,250 to Medical Examiner's Operating Budget.

**WHY ACTION IS NECESSARY:** Board approval is required for transfers that reduce reserves.

**WHAT ACTION ACCOMPLISHES:** Provides operating funds for the balance of FY 01-02.

**2. DEPARTMENTAL CATEGORY:  
COMMISSION DISTRICT #**

*CIA*

**3. MEETING DATE:**

*04-30-2002*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:  
(Specify)**

- STATUTE
- ORDINANCE
- ADMIN.
- CODE
- OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
- B. DEPARTMENT *County Administration*
- C. DIVISION *Budget Services*

BY: *Antonio Majul, Director*

**7. BACKGROUND:**

Medical Examiner has experienced unexpected increases in transportation, for DNA Testing and other operating costs. Transfer will insure that the Medical Examiner will have sufficient operating budget for the balance of FY 01-02.

Transfer from Account GC5890100100.509910 to EE5270100100.503110 in the amount of \$206,250.

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services			G County Manager
<i>[Signature]</i> 4/11/02	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>[Signature]</i> 4/11/02	<i>AM</i> 4/11/02	<i>Risk</i> 4/11/02	<i>GC</i> 4/11/02	<i>[Signature]</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty  
Date: *4/11/02*  
Time: *4:00 pm*

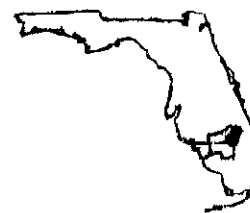
Forwarded to:  
*[Signature]*  
4/11/02 4:35 pm



**OFFICE OF THE MEDICAL EXAMINER**

**DISTRICT 21, STATE OF FLORIDA  
LEE - HENDRY - GLADES COUNTIES**

**70 DANLEY DRIVE  
FORT MYERS, FLORIDA 33907-2437**



Phone # (941) 277-5020  
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Rebecca A. Hamilton, M.D.  
District Medical Examiner

TO: DARRELL DeGeeter

FROM: *Rebecca A. Hamilton*  
Rebecca A. Hamilton M. D.

Re: District 21 Medical Examiner's Budget

DATE: APRIL 5, 2002

Confirming today's conversation with Carolyn Major, we would like to request an additional \$206,250.00 at this time to extend the total amount of our 2001-02 fiscal budget.

A new transportation contract has just been awarded increasing the per trip charge from \$82.50 to \$100.00. In addition, I have just learned from the Medical Examiner's Commission that we are liable for expenses incurred in DNA testing should it be required. We currently have one case pending for testing; and the fees are in the \$5,000.00 range!

That amount should cover the deficit from the preceding fiscal year. The amount, however, is dependent on caseload and toxicology charges.

Thank you for your assistance. I look forward to meeting you on Thursday, April 18, 2002.

COUNTY ADMINISTRATION  
02 APR -5 AM 11:54

**REQUEST FOR TRANSFER OF FUNDS**

FUND NAME: General Fund DATE: 04/08/02 BATCH NO.: \_\_\_\_\_  
FISCAL YEAR: 01-02 FUND NO.: 00100 DOC. TYPE: YB LEDGER TYPE: BA

TO: County and Circuit Courts Medical Examiner  
(Division Name) (Program Name)

NOTE: Please list the account number below in the following order:  
Business Unit (dept/div, program, fund, subfund); Object Account; Subsidiary; Subledger

<u>Account Number</u>	<u>Object Name</u>	<u>DEBIT</u>
EE5270100100.503110	Medical Services	206,250
TOTAL TO:		\$206,250

FROM: <u>Non-Departmental</u> <u>Reserves</u>		
(Division Name)		(Program Name)
<u>Account Number</u>	<u>Object Name</u>	<u>CREDIT</u>
GC5890100100.509910	Reserve for Contingencies	\$206,250
TOTAL FROM:		\$206,250

EXPLANATION: Increase budget for Medical Examiner due to increases in operating costs.

\_\_\_\_\_  
DIVISION DIRECTOR SIGNATURE/DATE

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE/DATE

DBO: APPROVAL  DENIAL

P. De J... 4/8/02  
OPS. ANALYST SIGNATURE DATE

OPS. MGR.: APPROVAL  DENIAL

[Signature] 4/8/02  
OPS. MGR. SIGNATURE DATE

CO. MGR.: APPROVAL  DENIAL

\_\_\_\_\_  
CO. MANAGER SIGNATURE DATE

BCC APPROVAL DATE: \_\_\_\_\_

\_\_\_\_\_  
BCC CHAIRMAN SIGNATURE

BA. NO. \_\_\_\_\_ AUTH CODE \_\_\_\_\_ TRANS DATE \_\_\_\_\_

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