

	Units	FY21 Price	Revenue	Overhead (excluding rent)	Recovery	Time Spent (in hours)	Competitor Pricing
Modified Alcohol Analysis	500	\$ 100.00	50,000	18.00%	92.19%	1.00	90??
Postmortem Comprehensive Drug Analysis	100	\$ 360.00	36,000	18.00%	98.40%	3.60	358
Postmortem Comprehensive Expanded Drug Analysis	10	\$ 525.00	5,250	18.00%	93.24%	5.35	499
Postmortem Comprehensive Expanded Drugs and Alcohol Analysis	10	\$ 525.00	5,250	18.00%	83.80%	5.95	454-508
Postmortem Comprehensive Drugs and Alcohol Analysis	100	\$ 400.00	40,000	18.00%	93.18%	4.20	368-396
Postmortem Carbon Monoxide Analysis	20	\$ 95.00	1,900	18.00%	87.18%	1.15	78-113
Postmortem Biochemistry (Electrolytes) Analysis	50	\$ 95.00	4,750	18.00%	87.18%	1.15	53-78

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name: **Modified**

Department Providing Service: **OCME**
 Fee Administrator: **Kalima Collymore**
 Code Authorization/
 Proposed Fee Ordinance/File No: **Chapter 8 Section 8.14**

	Numeric Code	Title
PS Department of Proposed Revenue:	284641	ADM Medical Examiner
PS Fund of Proposed Revenue:	10000	General Annual
PS Authority of Proposed Revenue:	10000	Operating
PS Project of Proposed Revenue:	10001624	Medical Examiner
PS Activity of Proposed Revenue:	1	Medical Examiner Operations
PS Account of Proposed Revenue:	461199	Miscellaneous Fee

Proposed Fee (FY 2021-22):	\$	103.00	(1)
Proposed Fee (FY 2020-21):	\$	100.00	(2)
Current Fee (FY 2019-20):	\$	212.00	(3)

Fee Status (New/Modified): **Modified**
 Fee Status (New/Modified): **Modified**

Detailed Service Description:

Fees for "Alcohol Analysis". Major steps include receipt & accessioning, ethanol analysis, ethanol review, report draft, report review, report dissemination, return & destruction. For a single case and single fee, one blood, vitreous humor or urine specimen may be submitted.

Proposed Fee (FY 2021-22):	\$	103.00	FY 2021-22 Proposed Fee Increase/Decrease:	\$	3.00
Proposed Fee (FY 2020-21):	\$	100.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:		3.00%
Current Fee (FY 2019-20):	\$	212.00	FY 2020-21 Proposed Fee Increase/Decrease:	\$	(112.00)
			FY 2020-21 % Proposed Fee Change from Current Fee:		-52.83%

Fee Prior to Current:	\$	-	Fiscal Year of Prior Fee Change:		N?A
Current Fee Increase/Decrease from Prior Fee:	\$	212.00	% Current Fee Change from Prior Fee:		#DIV/0!

FY2020-21

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW			
A	Quantity Estimated (# of Units of Service Provided)	500	D	Direct Costs	FY 2020-21	
B	Fee per Unit (Proposed)	\$ 100			Estimated Cost	% of Total
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 50,000		Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 31,294	57.70%
G	FY 2020-21 Revenue Recovery Rate (C/F)	92.19%		Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 10,431	19.23%
H	Required Fee For 100% Cost Recovery (F/A)	\$ 108.47		Space Rental Equivalent	\$ -	0.00%
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$8.47)		Materials & Supplies	\$ 5,000	9.22%
J	FY 2020-21 Estimated Revenue [(2) x A]:	\$ 50,000.00		Other (Please Describe on Worksheet)	\$ -	0.00%
K	FY 2019-20 Estimated Revenue [(3) x A]:	\$ 106,000.00	E	Indirect Costs	Rate	
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:	\$ (56,000.00)		Departmental Overhead	16.00%	\$ 6,676 12.31%
				Central Services Overhead	2.00%	\$ 835 1.54%
			F	FY 2020-21 Direct & Indirect Costs	\$ 54,236	100.00%

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW			
A	Quantity Estimated (# of Units of Service Provided)	500	D	Direct Costs	FY 2021-22	
B	Fee per Unit (Proposed)	\$ 103			Estimated Cost	% of Total
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 51,500		Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 32,695	58.38%
G	FY 2021-22 Revenue Recovery Rate (C/F):	91.96%		Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 10,898	19.46%
H	Required Fee For 100% Cost Recovery (F/A):	\$ 112.01		Space Rental Equivalent	\$ -	0.00%
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$9.01)		Materials & Supplies	\$ 5,000	8.93%
				Other (Please Describe on Worksheet)	\$ -	0.00%
			E	Indirect Costs	Rate	
				Departmental Overhead	15.00%	\$ 6,539 11.68%
				Central Services Overhead	2.00%	\$ 872 1.56%
			F	FY 2021-22 Direct & Indirect Costs	\$ 56,004	100.00%

J	FY 2021-22 Estimated Revenue [(1) x A]:	\$	51,500.00
K	FY 2020-21 Estimated Revenue [(2) x A]:	\$	50,000.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:	\$	1,500.00

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Class	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.15
2403	Forensic Lab Analyst	Receipt & accessioning and return & destruction	0.30
2456	Forensic Toxicologist	Ethanol Analysis, ethanol review, and report reiew	0.45
2458	Chief Forensic Toxicologist	Report review	0.10

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271.00	75	\$49.17	\$3,687.66
2403	Forensic Lab Technician	\$144,163.00	150	\$69.31	\$10,396.37
2456	Forensic Toxicologist	\$186,360.00	225	\$89.60	\$20,159.13
2458	Chief Forensic Toxicologist	\$311,256.00	50	\$149.64	\$7,482.12
Total:					\$41,725.28

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

1	Description
2	
3	

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

1	Description
5,000	Lab supplies @\$10 per test
2	
3	

Total: \$5,000.00

Other Costs Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

1	Description
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
17.4%	Please provide supporting documentation for how Departmental overhead rate was derived.
	Salaries and Benefits 7,832,622
	Non-personnel Services 1,234,088 16%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.15
2403	Forensic Lab Analyst	Receipt & accessioning and return & destruction	0.30
2456	Forensic Toxicologist	Ethanol Analysis, ethanol review, and report reiew	0.45
2458	Chief Forensic Toxicologist	Report review	0.10

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$106,981.00	75	\$51.43	\$3,857.49
2403	Forensic Lab Technician	\$150,671.00	150	\$72.44	\$10,865.70
2456	Forensic Toxicologist	\$194,702.00	225	\$93.61	\$21,061.51
2458	Chief Forensic Toxicologist	\$324,836.00	50	\$156.17	\$7,808.56
Total:					\$43,593.26

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

5,000 Lab supplies @\$10 per test

Total: \$5,000.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: ADM

Fee Name: Post Mortem Comprehensive Drugs (PM LCM)

Department Providing Service: OCME
 Fee Administrator: Kalima Collymore
 Code Authorization/ Proposed Fee Ordinance/File No: Chapter 8 Section 8.14

	Numeric Code	Title
PS Department of Proposed Revenue:	284641	ADM Medical Examiner
PS Fund of Proposed Revenue:	10000	General Annual
PS Authority of Proposed Revenue:	10000	Operating
PS Project of Proposed Revenue:	10001624	Medical Examiner
PS Activity of Proposed Revenue:	1	Medical Examiner Operations
PS Account of Proposed Revenue:	461199	Miscellaneous Fee

Proposed Fee (FY 2021-22):	\$ 370.80	(1)
Proposed Fee (FY 2020-21):	\$ 360.00	(2)
Current Fee (FY 2019-20):	\$ -	(3)

Fee Status (New/Modified): New
 Fee Status (New/Modified): New

Detailed Service Description:
 Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS; report draft, review and dissemination, return and destruction. For a single case and single fee, up to one blood specimen and/or one urine specimen may be submitted.

Proposed Fee (FY 2021-22):	\$ 370.80	FY 2021-22 Proposed Fee Increase/Decrease:	\$ 10.80
Proposed Fee (FY 2020-21):	\$ 360.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:	3.00%
Current Fee (FY 2019-20):	\$ -	FY 2020-21 Proposed Fee Increase/Decrease:	\$ 360.00
		FY 2020-21 % Proposed Fee Change from Current Fee:	#DIV/0!

Fee Prior to Current:	\$ -	Fiscal Year of Prior Fee Change:	N?A
Current Fee Increase/Decrease from Prior Fee:	\$ -	% Current Fee Change from Prior Fee:	#DIV/0!

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW		
			FY 2020-21		
A	Quantity Estimated (# of Units of Service Provided)	100	D	Direct Costs	FY 2020-21 Estimated Cost % of Total
				Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 22,618 61.82%
				Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 7,539 20.61%
				Space Rental Equivalent	\$ - 0.00%
				Materials & Supplies	\$ 1,000 2.73%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 360	E	Indirect Costs	Rate
				Departmental Overhead	16.00% \$ 4,825.19 13.19%
				Central Services Overhead	2.00% \$ 603 1.65%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 36,000	F	FY 2020-21 Direct & Indirect Costs	\$ 36,586 100.00%
G	FY 2020-21 Revenue Recovery Rate (C/F)	98.40%			
H	Required Fee For 100% Cost Recovery (F/A)	\$ 365.86			
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$5.86)			
J	FY 2020-21 Estimated Revenue [(2) x A]:				\$ 36,000.00
K	FY 2019-20 Estimated Revenue [(3) x A]:				\$ -
L	FY 2020-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:				\$ 36,000.00

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW		
			FY 2021-22		
A	Quantity Estimated (# of Units of Service Provided)	100	D	Direct Costs	FY 2021-22 Estimated Cost % of Total
				Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 23,795 62.42%
				Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 7,932 20.81%
				Space Rental Equivalent	\$ - 0.00%
				Materials & Supplies	\$ 1,000 2.62%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 371	E	Indirect Costs	Rate
				Departmental Overhead	15.00% \$ 4,759 12.48%
				Central Services Overhead	2.00% \$ 635 1.66%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 37,080	F	FY 2021-22 Direct & Indirect Costs	\$ 38,120 100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	97.27%			
H	Required Fee For 100% Cost Recovery (F/A):	\$ 381.20			

I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$10.40)		
J	FY 2021-22 Estimated Revenue [(1) x A]:		\$	37,080.00
K	FY 2020-21 Estimated Revenue [(2) x A]:		\$	36,000.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:		\$	1,080.00

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Classes	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.45
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	0.95
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.35
2458	Chief Forensic Toxicologist	Report review	0.35

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	50	\$49.17	\$2,458.44
2403	Forensic Lab Technician	\$144,163	145	\$69.31	\$10,049.82
2456	Forensic Toxicologist	\$186,360	95	\$89.60	\$8,511.63
2457	Forensic Toxicologist Supervisor	\$231,775	35	\$111.43	\$3,900.06
2458	Chief Forensic Toxicologist	\$311,256	35	\$149.64	\$5,237.48
Total:					\$30,157.44

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	
Total:	\$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	1,000 Lab supplies @\$10 per test
2	
3	
Total:	\$1,000.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	
Total:	\$0.00

Indirect Costs

Rate	Source

17.4% Please provide supporting documentation for how Departmental overhead rate was derived.

Salaries and Benefits	7,832,622	
Non-personnel Services	1,234,088	16%
Services of Other Depts (Excluding Rent)	132,108	2%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Class	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.45
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/reiew, and report review	0.95
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.35
2458	Chief Forensic Toxicologist	Report review	0.35

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	50	\$51.74	\$2,587.14
2403	Forensic Lab Technician	\$151,695.00	145	\$72.93	\$10,574.89
2456	Forensic Toxicologist	\$196,085.00	95	\$94.27	\$8,955.81
2457	Forensic Toxicologist Supervisor	\$243,715.00	35	\$117.17	\$4,100.97
2458	Chief Forensic Toxicologist	\$327,322.00	35	\$157.37	\$5,507.82
Total:					\$31,726.63

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	1,000 Lab supplies @\$10 per test
2	
3	

Total: \$1,000.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name:	Post Mortem Comprehensive Expanded Drugs (PM LCMS GCMS)	Department Providing Service:	OCME
		Fee Administrator:	Kalima Collymore
		Code Authorization/	
		Proposed Fee Ordinance/File No:	Chapter 8 Section 8.14
PS Department of Proposed Revenue:	284641 ADM Medical Examiner	Proposed Fee (FY 2021-22):	\$ 540.75 (1)
PS Fund of Proposed Revenue:	10000 General Annual	Proposed Fee (FY 2020-21):	\$ 525.00 (2)
PS Authority of Proposed Revenue:	10000 Operating	Current Fee (FY 2019-20):	\$ - (3)
PS Project of Proposed Revenue:	10001624 Medical Examiner		
PS Activity of Proposed Revenue:	1 Medical Examiner Operations		
PS Account of Proposed Revenue:	461199 Miscellaneous Fee		
Fee Status (New/Modified):	New		
Fee Status (New/Modified):	New		

Detailed Service Description:
 Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS and GCMS; report draft, review and dissemination, return and destruction. For a single case and single fee, up to one blood specimen and/or one urine specimen may be submitted.

Proposed Fee (FY 2021-22):	\$ 540.75	FY 2021-22 Proposed Fee Increase/Decrease:	\$ 15.75
Proposed Fee (FY 2020-21):	\$ 525.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:	3.00%
Current Fee (FY 2019-20):	\$ -	FY 2020-21 Proposed Fee Increase/Decrease:	\$ 525.00
		FY 2020-21 % Proposed Fee Change from Current Fee:	#DIV/0!
Fee Prior to Current:	\$ -	Fiscal Year of Prior Fee Change:	N?A
Current Fee Increase/Decrease from Prior Fee:	\$ -	% Current Fee Change from Prior Fee:	#DIV/0!

FY2020-21			
ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW	
A	Quantity Estimated (# of Units of Service Provided)	10	
B	Fee per Unit (Proposed)	\$ 525	
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 5,250	
D	Direct Costs		FY 2020-21 Estimated Cost % of Total
	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 3,515	62.43%
	Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 1,172	20.81%
	Space Rental Equivalent	\$ -	0.00%
	Materials & Supplies	\$ 100	1.78%
	Other (Please Describe on Worksheet)	\$ -	0.00%
E	Indirect Costs		Rate
	Departmental Overhead	16.00%	\$ 749.91 13.32%
	Central Services Overhead	2.00%	\$ 94 1.66%
F	FY 2020-21 Direct & Indirect Costs	\$ 5,631	100.00%
G	FY 2020-21 Revenue Recovery Rate (C/F)	93.24%	
H	Required Fee For 100% Cost Recovery (F/A)	\$ 563.06	
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$38.06)	
J	FY 2020-21 Estimated Revenue [(2) x A]:	\$ 5,250.00	
K	FY 2019-20 Estimated Revenue [(3) x A]:	\$ -	
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:	\$ 5,250.00	

FY2021-22			
ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW	
A	Quantity Estimated (# of Units of Service Provided)	10	
B	Fee per Unit (Proposed)	\$ 541	
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 5,408	
D	Direct Costs		FY 2021-22 Estimated Cost % of Total
	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 3,698	63.01%
	Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 1,233	21.00%
	Space Rental Equivalent	\$ -	0.00%
	Materials & Supplies	\$ 100	1.70%
	Other (Please Describe on Worksheet)	\$ -	0.00%
E	Indirect Costs		Rate
	Departmental Overhead	15.00%	\$ 740 12.60%
	Central Services Overhead	2.00%	\$ 99 1.68%
F	FY 2021-22 Direct & Indirect Costs	\$ 5,869	100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	92.14%	
H	Required Fee For 100% Cost Recovery (F/A):	\$ 586.89	
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$46.14)	

J	FY 2021-22 Estimated Revenue [(1) x A]:	\$	5,407.50
K	FY 2020-21 Estimated Revenue [(2) x A]:	\$	5,250.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:	\$	157.50

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.95
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	1.70
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.60
2458	Chief Forensic Toxicologist	Report review	0.60

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	5	\$49.17	\$245.84
2403	Forensic Lab Technician	\$144,163	20	\$69.31	\$1,351.53
2456	Forensic Toxicologist	\$186,360	17	\$89.60	\$1,523.13
2457	Forensic Toxicologist Supervisor	\$231,775	6	\$111.43	\$668.58
2458	Chief Forensic Toxicologist	\$311,256	6	\$149.64	\$897.85
Total:					\$4,686.94

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	100 \$10 per test for lab supplies
2	
3	

Total: \$100.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
17.4%	Please provide supporting documentation for how Departmental overhead rate was derived.
	Salaries and Benefits 7,832,622
	Non-personnel Services 1,234,088 16%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.95
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	1.70
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.60
2458	Chief Forensic Toxicologist	Report review	0.60

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	5	\$51.74	\$258.71
2403	Forensic Lab Technician	\$151,695.00	20	\$72.93	\$1,422.14
2456	Forensic Toxicologist	\$196,085.00	17	\$94.27	\$1,602.62
2457	Forensic Toxicologist Supervisor	\$243,715.00	6	\$117.17	\$703.02
2458	Chief Forensic Toxicologist	\$327,322.00	6	\$157.37	\$944.20
Total:					\$4,930.69

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1 100 \$10 per test for lab supplies
- 2
- 3

Total: \$100.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name:	Post Mortem Comprehensive Expanded Drugs and Alcohol (PM LCMS GCMS GCET)	Department Providing Service:	OCME
		Fee Administrator:	Kalima Collymore
		Code Authorization/	
		Proposed Fee Ordinance/File No:	Chapter 8 Section 8.14
PS Department of Proposed Revenue:	284641 ADM Medical Examiner	Proposed Fee (FY 2021-22):	\$ 540.75 (1)
PS Fund of Proposed Revenue:	10000 General Annual	Proposed Fee (FY 2020-21):	\$ 525.00 (2)
PS Authority of Proposed Revenue:	10000 Operating	Current Fee (FY 2019-20):	\$ - (3)
PS Project of Proposed Revenue:	10001624 Medical Examiner		
PS Activity of Proposed Revenue:	1 Medical Examiner Operations		
PS Account of Proposed Revenue:	461199 Miscellaneous Fee		
Fee Status (New/Modified):	New		
Fee Status (New/Modified):	New		

Detailed Service Description:
 Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS and GCMS; analysis and review of ethanol and simple volatiles by HSGC; report draft, review and dissemination, return and destruction. For a single case and single fee, up to one blood specimen and/or one urine specimen may be submitted.

Proposed Fee (FY 2021-22):	\$ 540.75	FY 2021-22 Proposed Fee Increase/Decrease:	\$ 15.75
Proposed Fee (FY 2020-21):	\$ 525.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:	3.00%
Current Fee (FY 2019-20):	\$ -	FY 2020-21 Proposed Fee Increase/Decrease:	\$ 525.00
		FY 2020-21 % Proposed Fee Change from Current Fee:	#DIV/0!
Fee Prior to Current:	\$ -	Fiscal Year of Prior Fee Change:	N?A
Current Fee Increase/Decrease from Prior Fee:	\$ -	% Current Fee Change from Prior Fee:	#DIV/0!

ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW	
A Quantity Estimated (# of Units of Service Provided)	10	D Direct Costs	Estimated Cost % of Total
B Fee per Unit (Proposed)	\$ 525	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 3,918 62.54%
C FY 2020-21 Revenue Budgeted (A x B)	\$ 5,250	Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 1,306 20.85%
		Space Rental Equivalent	\$ - 0.00%
		Materials & Supplies	\$ 100 1.60%
		Other (Please Describe on Worksheet)	\$ - 0.00%
		E Indirect Costs	Rate
		Departmental Overhead	16.00% \$ 835.92 13.34%
		Central Services Overhead	2.00% \$ 104 1.67%
		F FY 2020-21 Direct & Indirect Costs	\$ 6,265 100.00%
G FY 2020-21 Revenue Recovery Rate (C/F)	83.80%		
H Required Fee For 100% Cost Recovery (F/A)	\$ 626.49		
I Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$101.49)		
J FY 2020-21 Estimated Revenue [(2) x A]:			\$ 5,250.00
K FY 2019-20 Estimated Revenue [(3) x A]:			\$ -
L FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			\$ 5,250.00

ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW	
A Quantity Estimated (# of Units of Service Provided)	10	D Direct Costs	Estimated Cost % of Total
B Fee per Unit (Proposed)	\$ 541	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 4,122 63.12%
C FY 2021-22 Revenue Budgeted (A x B)	\$ 5,408	Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 1,374 21.04%
		Space Rental Equivalent	\$ - 0.00%
		Materials & Supplies	\$ 100 1.53%
		Other (Please Describe on Worksheet)	\$ - 0.00%
		E Indirect Costs	Rate
		Departmental Overhead	15.00% \$ 824 12.62%
		Central Services Overhead	2.00% \$ 110 1.68%
		F FY 2021-22 Direct & Indirect Costs	\$ 6,531 100.00%
G FY 2021-22 Revenue Recovery Rate (C/F):	82.80%		
H Required Fee For 100% Cost Recovery (F/A):	\$ 653.07		

I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$112.32)	
J	FY 2021-22 Estimated Revenue [(1) x A]:		\$ 5,407.50
K	FY 2020-21 Estimated Revenue [(2) x A]:		\$ 5,250.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:		\$ 157.50

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21
Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.
Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Classes	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.95
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/reiew, and report review	2.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.60
2458	Chief Forensic Toxicologist	Report review	0.60

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	5	\$49.17	\$245.84
2403	Forensic Lab Technician	\$144,163	20	\$69.31	\$1,351.53
2456	Forensic Toxicologist	\$186,360	23	\$89.60	\$2,060.71
2457	Forensic Toxicologist Supervisor	\$231,775	6	\$111.43	\$668.58
2458	Chief Forensic Toxicologist	\$311,256	6	\$149.64	\$897.85
Total:					\$5,224.52

Space Rental Equivalent Cost	Description
1	
2	
3	
Total:	\$0.00

Materials and Supplies Cost	Description
1	100 \$10 per test for lab supplies
2	
3	
Total:	\$100.00

Other Costs	Description
1	
2	
3	
Total:	\$0.00

Indirect Costs

Rate	Source
17.4%	Please provide supporting documentation for how Departmental overhead rate was derived. Salaries and Benefits 7,832,622

Non-personnel Services	1,234,088	16%
Services of Other Depts (Excluding Rent)	132,108	2%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.95
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/reiew, and report review	2.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.60
2458	Chief Forensic Toxicologist	Report review	0.60

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	5	\$51.74	\$258.71
2403	Forensic Lab Technician	\$151,695.00	20	\$72.93	\$1,422.14
2456	Forensic Toxicologist	\$196,085.00	23	\$94.27	\$2,168.25
2457	Forensic Toxicologist Supervisor	\$243,715.00	6	\$117.17	\$703.02
2458	Chief Forensic Toxicologist	\$327,322.00	6	\$157.37	\$944.20
Total:					\$5,496.32

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description
1 100 \$10 per test for lab supplies

Total: \$100.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name:	Post Mortem Comprehensive Drugs and Alcohol (PM LCMS GCET)	Department Providing Service:	OCME
		Fee Administrator:	Kalima Collymore
		Code Authorization/	Chapter 8 Section 8.14
		Proposed Fee Ordinance/File No:	
PS Department of Proposed Revenue:	284641 ADM Medical Examiner	Proposed Fee (FY 2021-22):	\$ 412.00 (1)
PS Fund of Proposed Revenue:	10000 General Annual	Proposed Fee (FY 2020-21):	\$ 400.00 (2)
PS Authority of Proposed Revenue:	10000 Operating	Current Fee (FY 2019-20):	\$ - (3)
PS Project of Proposed Revenue:	10001624 Medical Examiner		
PS Activity of Proposed Revenue:	1 Medical Examiner Operations		
PS Account of Proposed Revenue:	461199 Miscellaneous Fee		

Fee Status (New/Modified): **New**
 Fee Status (New/Modified): **New**

Detailed Service Description:

*. Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS; analysis and review of ethanol and simple volatiles by HSGC; report draft, review and dissemination, return and destruction. For a single case and single fee, up to one blood specimen and/or one urine specimen may be submitted.

Proposed Fee (FY 2021-22):	\$ 412.00	FY 2021-22 Proposed Fee Increase/Decrease:	\$ 12.00
Proposed Fee (FY 2020-21):	\$ 400.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:	3.00%
Current Fee (FY 2019-20):	\$ -	FY 2020-21 Proposed Fee Increase/Decrease:	\$ 400.00
		FY 2020-21 % Proposed Fee Change from Current Fee:	#DIV/0!
Fee Prior to Current:	\$ -	Fiscal Year of Prior Fee Change:	N?A
Current Fee Increase/Decrease from Prior Fee:	\$ -	% Current Fee Change from Prior Fee:	#DIV/0!

FY2020-21			
ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW	
A	Quantity Estimated (# of Units of Service Provided)	100	
B	Fee per Unit (Proposed)	\$ 400	
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 40,000	
D	Direct Costs		FY 2020-21 Estimated Cost % of Total
	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 26,650	62.08%
	Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 8,883	20.69%
	Space Rental Equivalent	\$ -	0.00%
	Materials & Supplies	\$ 1,000	2.33%
	Other (Please Describe on Worksheet)	\$ -	0.00%
E	Indirect Costs		Rate
	Departmental Overhead	16.00%	\$ 5,685.31 13.24%
	Central Services Overhead	2.00%	\$ 711 1.66%
F	FY 2020-21 Direct & Indirect Costs	\$ 42,929	100.00%
G	FY 2020-21 Revenue Recovery Rate (C/F)	93.18%	
H	Required Fee For 100% Cost Recovery (F/A)	\$ 429.29	
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$29.29)	
J	FY 2020-21 Estimated Revenue [(2) x A]:	\$ 40,000.00	
K	FY 2019-20 Estimated Revenue [(3) x A]:	\$ -	
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:	\$ 40,000.00	

FY2021-22			
ESTIMATED REVENUE DERIVED FROM SERVICE		ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW	
A	Quantity Estimated (# of Units of Service Provided)	100	
B	Fee per Unit (Proposed)	\$ 412	
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 41,200	
D	Direct Costs		FY 2021-22 Estimated Cost % of Total
	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 28,037	62.67%
	Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 9,346	20.89%
	Space Rental Equivalent	\$ -	0.00%
	Materials & Supplies	\$ 1,000	2.24%
	Other (Please Describe on Worksheet)	\$ -	0.00%
E	Indirect Costs		Rate
	Departmental Overhead	15.00%	\$ 5,607 12.53%
	Central Services Overhead	2.00%	\$ 748 1.67%
F	FY 2021-22 Direct & Indirect Costs	\$ 44,738	100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	92.09%	
H	Required Fee For 100% Cost Recovery (F/A):	\$ 447.38	

I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$35.38)	
J	FY 2021-22 Estimated Revenue [(1) x A]:		\$ 41,200.00
K	FY 2020-21 Estimated Revenue [(2) x A]:		\$ 40,000.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:		\$ 1,200.00

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21
Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Classes	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.45
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	1.55
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.35
2458	Chief Forensic Toxicologist	Report review	0.35

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	50	\$49.17	\$2,458.44
2403	Forensic Lab Technician	\$144,163	145	\$69.31	\$10,049.82
2456	Forensic Toxicologist	\$186,360	155	\$89.60	\$13,887.40
2457	Forensic Toxicologist Supervisor	\$231,775	35	\$111.43	\$3,900.06
2458	Chief Forensic Toxicologist	\$311,256	35	\$149.64	\$5,237.48
Total:					\$35,533.21

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

1,000 \$10 per test for lab supplies

Total: \$1,000.00

Other Costs Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

17.4% Please provide supporting documentation for how Departmental overhead rate was derived.
 Salaries and Benefits 7,832,622

Non-personnel Services	1,234,088	16%
Services of Other Depts (Excluding Rent)	132,108	2%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

Job Classes	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.50
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	1.45
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/reiew, and report review	1.55
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.35
2458	Chief Forensic Toxicologist	Report review	0.35

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	50	\$51.74	\$2,587.14
2403	Forensic Lab Technician	\$151,695.00	145	\$72.93	\$10,574.89
2456	Forensic Toxicologist	\$196,085.00	155	\$94.27	\$14,612.10
2457	Forensic Toxicologist Supervisor	\$243,715.00	35	\$117.17	\$4,100.97
2458	Chief Forensic Toxicologist	\$327,322.00	35	\$157.37	\$5,507.82
Total:					\$37,382.93

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description
1 1,000 \$10 per test for lab supplies

Total: \$1,000.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- Cost
1
2
3

Description

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name: **Post Mortem Carbon Monoxide (PM COHB)**

Department Providing Service: **OCME**
 Fee Administrator: **Kalima Collymore**
 Code Authorization/
 Proposed Fee Ordinance/File No: **Chapter 8 Section 8.14**

	Numeric Code	Title
PS Department of Proposed Revenue:	284641	ADM Medical Examiner
PS Fund of Proposed Revenue:	10000	General Annual
PS Authority of Proposed Revenue:	10000	Operating
PS Project of Proposed Revenue:	10001624	Medical Examiner
PS Activity of Proposed Revenue:	1	Medical Examiner Operations
PS Account of Proposed Revenue:	461199	Miscellaneous Fee

Proposed Fee (FY 2021-22):	\$	97.85	(1)
Proposed Fee (FY 2020-21):	\$	95.00	(2)
Current Fee (FY 2019-20):	\$	-	(3)

Fee Status (New/Modified): **New**
 Fee Status (New/Modified): **New**

Detailed Service Description:
 Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS; analysis and review of ethanol and simple volatiles by HSGC; report draft, review and dissemination, return and destruction. One blood specimen may be submitted.

Proposed Fee (FY 2021-22):	\$	97.85	FY 2021-22 Proposed Fee Increase/Decrease:	\$	2.85
Proposed Fee (FY 2020-21):	\$	95.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:		3.00%
Current Fee (FY 2019-20):	\$	-	FY 2020-21 Proposed Fee Increase/Decrease:	\$	95.00
			FY 2020-21 % Proposed Fee Change from Current Fee:		#DIV/0!
Fee Prior to Current:	\$	-	Fiscal Year of Prior Fee Change:		N?A
Current Fee Increase/Decrease from Prior Fee:	\$	-	% Current Fee Change from Prior Fee:		#DIV/0!

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW		
FY2020-21			FY 2020-21		
A	Quantity Estimated (# of Units of Service Provided)	20	D	Direct Costs	Estimated Cost % of Total
B	Fee per Unit (Proposed)	\$ 95		Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 1,258 57.73%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 1,900		Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 419 19.24%
G	FY 2020-21 Revenue Recovery Rate (C/F)	87.18%		Space Rental Equivalent	\$ - 0.00%
H	Required Fee For 100% Cost Recovery (F/A)	\$ 108.97		Materials & Supplies	\$ 200 9.18%
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$13.97)		Other (Please Describe on Worksheet)	\$ - 0.00%
J	FY 2020-21 Estimated Revenue [(2) x A]:		E	Indirect Costs	Rate
K	FY 2019-20 Estimated Revenue [(3) x A]:			Departmental Overhead	16.00% \$ 268.38 12.31%
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			Central Services Overhead	2.00% \$ 34 1.54%
			F	FY 2020-21 Direct & Indirect Costs	\$ 2,179 100.00%

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW		
FY2021-22			FY 2021-22		
A	Quantity Estimated (# of Units of Service Provided)	20	D	Direct Costs	Estimated Cost % of Total
B	Fee per Unit (Proposed)	\$ 98		Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 1,324 58.44%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 1,957		Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 441 19.48%
G	FY 2021-22 Revenue Recovery Rate (C/F):	86.40%		Space Rental Equivalent	\$ - 0.00%
H	Required Fee For 100% Cost Recovery (F/A):	\$ 113.25		Materials & Supplies	\$ 200 8.83%
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$15.40)		Other (Please Describe on Worksheet)	\$ - 0.00%
J	FY 2021-22 Estimated Revenue [(2) x A]:		E	Indirect Costs	Rate
K	FY 2019-20 Estimated Revenue [(3) x A]:			Departmental Overhead	15.00% \$ 265 11.69%
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			Central Services Overhead	2.00% \$ 35 1.56%
			F	FY 2021-22 Direct & Indirect Costs	\$ 2,265 100.00%

J	FY 2021-22 Estimated Revenue [(1) x A]:	\$	1,957.00
K	FY 2020-21 Estimated Revenue [(2) x A]:	\$	1,900.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:	\$	57.00

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.20
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	0.60
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	0.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.05
2458	Chief Forensic Toxicologist	Report review	-

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	4	\$49.17	\$196.68
2403	Forensic Lab Technician	\$144,163	12	\$69.31	\$831.71
2456	Forensic Toxicologist	\$186,360	6	\$89.60	\$537.58
2457	Forensic Toxicologist Supervisor	\$231,775	1	\$111.43	\$111.43
2458	Chief Forensic Toxicologist	\$311,256	-	\$149.64	\$0.00
Total:					\$1,677.39

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	200 \$10 per test for lab supplies
2	
3	

Total: \$200.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
17.4%	Please provide supporting documentation for how Departmental overhead rate was derived.
	Salaries and Benefits 7,832,622
	Non-personnel Services 1,234,088 16%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.20
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	0.60
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	0.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.05
2458	Chief Forensic Toxicologist	Report review	-

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	4	\$51.74	\$206.97
2403	Forensic Lab Technician	\$151,695.00	12	\$72.93	\$875.16
2456	Forensic Toxicologist	\$196,085.00	6	\$94.27	\$565.63
2457	Forensic Toxicologist Supervisor	\$243,715.00	1	\$117.17	\$117.17
2458	Chief Forensic Toxicologist	\$327,322.00	-	\$157.37	\$0.00
Total:					\$1,764.94

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1 200 \$10 per test for lab supplies
- 2
- 3

Total: \$200.00

Other Costs Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **ADM**

Fee Name: **PM - Electrolytes (PM PHOX)**

Department Providing Service: **OCME**
 Fee Administrator: **Kalima Collymore**
 Code Authorization/
 Proposed Fee Ordinance/File No: **Chapter 8 Section 8.14**

	Numeric Code	Title
PS Department of Proposed Revenue:	284641	ADM Medical Examiner
PS Fund of Proposed Revenue:	10000	General Annual
PS Authority of Proposed Revenue:	10000	Operating
PS Project of Proposed Revenue:	10001624	Medical Examiner
PS Activity of Proposed Revenue:	1	Medical Examiner Operations
PS Account of Proposed Revenue:	461199	Miscellaneous Fee

Proposed Fee (FY 2021-22):	\$	97.85	(1)
Proposed Fee (FY 2020-21):	\$	95.00	(2)
Current Fee (FY 2019-20):	\$	-	(3)

Fee Status (New/Modified): **New**
 Fee Status (New/Modified): **New**

Detailed Service Description:
 Major steps include receipt and accessioning; analysis and review of hundreds of drugs by LCMS; analysis and review of ethanol and simple volatiles by HSGC; report draft, review and dissemination, return and destruction. One vitreous humor specimen may be submitted.

Proposed Fee (FY 2021-22):	\$	97.85	FY 2021-22 Proposed Fee Increase/Decrease:	\$	2.85
Proposed Fee (FY 2020-21):	\$	95.00	FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:		3.00%
Current Fee (FY 2019-20):	\$	-	FY 2020-21 Proposed Fee Increase/Decrease:	\$	95.00
			FY 2020-21 % Proposed Fee Change from Current Fee:		#DIV/0!
Fee Prior to Current:	\$	-	Fiscal Year of Prior Fee Change:		N?A
Current Fee Increase/Decrease from Prior Fee:	\$	-	% Current Fee Change from Prior Fee:		#DIV/0!

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW		
FY2020-21			FY 2020-21		
A	Quantity Estimated (# of Units of Service Provided)	50	D	Direct Costs	Estimated Cost % of Total
B	Fee per Unit (Proposed)	\$ 95		Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 3,145 57.73%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 4,750		Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 1,048 19.24%
G	FY 2020-21 Revenue Recovery Rate (C/F)	87.18%		Space Rental Equivalent	\$ - 0.00%
H	Required Fee For 100% Cost Recovery (F/A)	\$ 108.97		Materials & Supplies	\$ 500 9.18%
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$13.97)		Other (Please Describe on Worksheet)	\$ - 0.00%
J	FY 2020-21 Estimated Revenue [(2) x A]:		E	Indirect Costs	Rate
K	FY 2019-20 Estimated Revenue [(3) x A]:			Departmental Overhead	16.00%
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			Central Services Overhead	2.00%
			F	FY 2020-21 Direct & Indirect Costs	\$ 5,448 100.00%
					\$ 4,750.00
					\$ -
					\$ 4,750.00

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW		
FY2021-22			FY 2021-22		
A	Quantity Estimated (# of Units of Service Provided)	50	D	Direct Costs	Estimated Cost % of Total
B	Fee per Unit (Proposed)	\$ 98		Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 3,309 58.44%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 4,893		Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 1,103 19.48%
G	FY 2021-22 Revenue Recovery Rate (C/F):	86.40%		Space Rental Equivalent	\$ - 0.00%
H	Required Fee For 100% Cost Recovery (F/A):	\$ 113.25		Materials & Supplies	\$ 500 8.83%
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$15.40)		Other (Please Describe on Worksheet)	\$ - 0.00%
J	FY 2021-22 Estimated Revenue [(2) x A]:		E	Indirect Costs	Rate
K	FY 2019-20 Estimated Revenue [(3) x A]:			Departmental Overhead	15.00%
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			Central Services Overhead	2.00%
			F	FY 2021-22 Direct & Indirect Costs	\$ 5,662 100.00%
					\$ 4,893.00
					\$ -
					\$ 4,893.00

J	FY 2021-22 Estimated Revenue [(1) x A]:	\$	4,892.50
K	FY 2020-21 Estimated Revenue [(2) x A]:	\$	4,750.00
L	FY 2021-22 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:	\$	142.50

Worksheet 20-21

Estimated Costs Worksheet FY 2020-21

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.20
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	0.60
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	0.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.05
2458	Chief Forensic Toxicologist	Report review	-

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$102,271	10	\$49.17	\$491.69
2403	Forensic Lab Technician	\$144,163	30	\$69.31	\$2,079.27
2456	Forensic Toxicologist	\$186,360	15	\$89.60	\$1,343.94
2457	Forensic Toxicologist Supervisor	\$231,775	3	\$111.43	\$278.58
2458	Chief Forensic Toxicologist	\$311,256	-	\$149.64	\$0.00
Total:					\$4,193.48

Space Rental Equivalent

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Materials and Supplies

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	500 \$10 per test for lab supplies
2	
3	

Total: \$500.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
17.4%	Please provide supporting documentation for how Departmental overhead rate was derived.
	Salaries and Benefits 7,832,622
	Non-personnel Services 1,234,088 16%

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1406	Sr Clerk	Report draft and report dissemination	0.20
2403	Forensic Lab Technician	Receipt & accessioning and return & destruction	0.60
2456	Forensic Toxicologist	Ethanol analysis/review, LCMS drug analysis/review, and report review	0.30
2457	Forensic Toxicologist Supervisor	LCMS drug review	0.05
2458	Chief Forensic Toxicologist	Report review	-

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1406	Sr Clerk	\$107,625.00	10	\$51.74	\$517.43
2403	Forensic Lab Technician	\$151,695.00	30	\$72.93	\$2,187.91
2456	Forensic Toxicologist	\$196,085.00	15	\$94.27	\$1,414.07
2457	Forensic Toxicologist Supervisor	\$243,715.00	3	\$117.17	\$292.93
2458	Chief Forensic Toxicologist	\$327,322.00	-	\$157.37	\$0.00
Total:					\$4,412.34

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1 500 \$10 per test for lab supplies
- 2
- 3

Total: \$500.00

Other Costs Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Total: \$0.00

Indirect Costs

Rate	Source
------	--------

16.7% Please provide supporting documentation for how Departmental overhead rate was derived.