

File No. 200839

Committee Item No. 5
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Appropriations Committee Date August 19, 2020

Board of Supervisors Meeting Date _____

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OTHER (Use back side if additional space is needed)

- Notice of Public Hearing _____
- _____
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Completed by: Linda Wong Date August 14, 2020

Completed by: Linda Wong Date _____

1 [Administrative Code - Medical Examiner Fees]

2

3 **Ordinance amending the Administrative Code to adjust fees of the Office of the Chief**
4 **Medical Examiner to include post-mortem investigation services, remove references to**
5 **obsolete services, and update fee amounts; and affirming the Planning Department’s**
6 **determination under the California Environmental Quality Act.**

7 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
8 **Additions to Codes** are in *single-underline italics Times New Roman font*.
9 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.
10 **Board amendment additions** are in double-underlined Arial font.
11 **Board amendment deletions** are in ~~strikethrough Arial font~~.
12 **Asterisks (* * * *)** indicate the omission of unchanged Code
13 subsections or parts of tables.

11

12 Be it ordained by the People of the City and County of San Francisco:

13

14 Section 1. Environmental Findings. The Planning Department has determined that the
15 actions contemplated in this ordinance comply with the California Environmental Quality Act
16 (California Public Resources Code Sections 21000 et seq.). Said determination is on file with
17 the Clerk of the Board of Supervisors in File No. ____ and is incorporated herein by reference.
18 The Board affirms this determination.

19

20 Section 2. Chapter 8 of the Administrative Code is hereby amended by revising
21 Section 8.14, to read as follows:

22 (a) The Office of the Chief Medical Examiner is hereby authorized to charge the
23 following fees to any persons or government agencies, including departments or agencies of
24 the City and County of San Francisco, that request or require such documents or services:

25

1	Proof of death letter	\$7 <u>9</u>
2	Statement of non-contagion	7 <u>9</u>
3	Certified copy of Medical Examiner's report	34 <u>46</u>
4	Disaster bag	49 <u>66</u>
5	<i>Forensic autopsy by request</i>	3,274
6	<i>X-rays, per film</i>	113
7	Copies of X-rays, per film	24 <u>32</u>
8	Re-cut microscopic slides, per slide	24 <u>32</u>
9	Storage of remains, per day	56 <u>75</u>
10	Removal of remains from place of death to OCME facility, Medical	461 <u>621</u>
11	Examiner's cases	
12	<i>Transport of remains from rest homes or other agencies, non Medical</i>	113
13	<i>Examiner's cases</i>	
14	Cremation of remains by request <i>with approval of OCME</i>	873 <u>1,176</u>
15	Certified forensic toxicology report	12 <u>16</u>
16	Certified supporting documentation for results of forensic toxicology	.90 <u>1</u>
17	report, per page	
18	Packaging and delivery of subpoenaed records to court	18 <u>22</u>
19	Specimen storage, per month	28 <u>38</u>
20	Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per	282 <u>380</u> /hour**
21	hour	
22	Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour	400 <u>539</u> **
23	Expert testimony or consultation by OCME forensic pathologist, per hour	584 <u>787</u> **
24	Expert testimony or consultation by OCME investigator, per hour	282 <u>380</u> **
25		

1	<i>Drug screening in blood or urine by ELISA (4 common drug categories)</i>	400
2	<i>Drug screening in blood or urine by ELISA (8 common drug categories)</i>	600
3	<i>Drug screening in blood or urine by ELISA (12 common drug categories)</i>	800
4	Drug screening in blood or urine by GC/MS (<i>gas chromatography with</i>	1,200 <u>1,617</u>
5	<i>mass spectrometry</i>)	
6	Drug confirmation in urine, per drug	300 <u>404</u>
7	Drug confirmation and quantitation in blood, per drug	300 <u>404</u>
8	Drug screening in gastric contents or tissue by GC/MS	1,500 <u>2,021</u>
9	Drug confirmation in gastric contents or tissue, per drug	400 <u>539</u>
10	Date rape drug screening in urine	1,200 <u>1,616</u>
11	Date rape drug confirmation in urine, per drug	300 <u>404</u>
12	Drug screening and confirmation in hair, per hair specimen	4,000 <u>5,389</u>
13	Decedent's property mailing fee	40 <u>54</u>
14	Histology service, including embedding, cutting, routine H & E staining	120 <u>162</u>
15	and coverslipping, per 4 cassettes	
16	Forensic alcohol analysis, per case	160 <u>100</u>
17	Drug screening and confirmation in nails, per nail specimen	1,143 <u>1,540</u>
18	Preparation of specimen for shipment or release	60 <u>74</u>
19	<i>Postmortem Comprehensive Drug Analysis</i>	<u>360</u>
20	<i>Postmortem Comprehensive Expanded Drug Analysis</i>	<u>525</u>
21	<i>Postmortem Comprehensive Drug and Alcohol Analysis</i>	<u>400</u>
22	<i>Postmortem Comprehensive Expanded Drug and Alcohol Analysis</i>	<u>525</u>
23	<i>Postmortem Carbon Monoxide Analysis</i>	<u>95</u>
24	<i>Postmortem Biochemistry (Electrolytes) Analysis</i>	<u>95</u>
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** Travel and accommodation charges will be the responsibility of the requesting party.

Except as otherwise provided by law, the Office of the Chief Medical Examiner is authorized to charge a fee on a time-and-materials basis to issue documents or perform services other than those specified above. The fee charged shall not exceed the actual cost that the OCME incurs in providing the document or service to the requesting party.

(b) All cases brought into the Medical Examiner’s Office facility shall be billed for transportation, personnel handling, and storage costs, except for the following categories of cases:

- (1) Decedents under 14 years of age;
- (2) Homicides;
- (3) In custody or police-involved cases;
- (4) Indigents (County disposition);
- (5) Cases in which private charitable funds available to pay funeral costs would thereby be reduced so as to preclude payment;
- (6) Cases specifically exempted by the Chief Medical Examiner or his or her designee.

(c) Beginning with fiscal year 2003-2004, fees set in this Section 8.14 may be adjusted each year, without further action by the Board of Supervisors, to reflect changes in the relevant Consumer Price Index, as determined by the Controller.

No later than April 15~~th~~ of each year, the Medical Examiner’s Office shall submit its current fee schedule to the Controller, who shall apply the price index adjustment to produce a new fee schedule for the following year. The adjusted rates shall become operative on July 1.

1 (d) All fees received for documents and services mentioned in this Section 8.14 shall
2 be deposited with the Treasurer and shall be used to defray the costs incurred by the Medical
3 Examiner in issuing such documents or providing such services.
4

5 Section 3. Effective Date. This ordinance shall become effective 30 days after
6 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
7 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
8 of Supervisors overrides the Mayor's veto of the ordinance.
9

10 Section 4. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors
11 intends to amend only those words, phrases, paragraphs, subsections, sections, articles,
12 numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Municipal
13 Code that are explicitly shown in this ordinance as additions, deletions, Board amendment
14 additions, and Board amendment deletions in accordance with the "Note" that appears under
15 the official title of the ordinance.
16
17

18 APPROVED AS TO FORM:
19 DENNIS J. HERRERA, City Attorney

20 By: s/ David K. Ries
21 DAVID K. RIES
22 Deputy City Attorney

23 n:\legana\as2020\2100061\01468025.docx
24
25

REVISED LEGISLATIVE DIGEST

(Substituted, 8/11/2020)

[Administrative Code - Medical Examiner Fees]

Ordinance amending the Administrative Code to adjust fees of the Office of the Chief Medical Examiner to include post-mortem investigation services, remove references to obsolete services, and update fee amounts; and affirming the Planning Department's determination under the California Environmental Quality Act.

Existing Law

Administrative Code Sec. 8.14 sets the fees for various documents and services provided by the Office of the Chief Medical Examiner, subject to annual adjustments as determined by the Controller.

Amendments to Current Law

The proposed ordinance would delete fees for services no longer offered by the Office of the Chief Medical Examiner, establish fees for certain post-mortem investigation services and update fees to reflect current costs.

Background Information

Section 8.14 was last updated in 2017.

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	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 Estimated Cost % of Total
B Fee per Unit (Proposed)	\$ 100	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 31,294 57.70%
C FY 2020-21 Revenue Budgeted (A x B)	\$ 50,000	Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 10,431 19.23%
		Space Rental Equivalent	\$ - 0.00%
		Materials & Supplies	\$ 5,000 9.22%
		Other (Please Describe on Worksheet)	\$ - 0.00%
		E Indirect Costs	Rate
		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%
G FY 2020-21 Revenue Recovery Rate (C/F):	92.19%		
H Required Fee For 100% Cost Recovery (F/A):	\$ 108.47		
I Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$8.47)		
J FY 2020-21 Estimated Revenue [(2) x A]:			\$ 50,000.00
K FY 2019-20 Estimated Revenue [(3) x A]:			\$ 106,000.00
L FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:			\$ (56,000.00)

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)	500	D Direct Costs	FY 2021-22 Estimated Cost % of Total
B Fee per Unit (Proposed)	\$ 103	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 32,695 58.38%
C FY 2021-22 Revenue Budgeted (A x B)	\$ 51,500	Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 10,898 19.46%
		Space Rental Equivalent	\$ - 0.00%
		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%
G FY 2021-22 Revenue Recovery Rate (C/F):	91.96%		
H Required Fee For 100% Cost Recovery (F/A):	\$ 112.01		
I Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$9.01)		

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
PS Department of Proposed Revenue:	284641 ADM Medical Examiner	Proposed Fee (FY 2021-22):	\$ 370.80 (1)
PS Fund of Proposed Revenue:	10000 General Annual	Proposed Fee (FY 2020-21):	\$ 360.00 (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; 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)	D	Direct Costs
	100		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)	E	Indirect Costs
	\$ 360		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)	F	FY 2020-21 Direct & Indirect Costs
	\$ 36,000		\$ 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)	D	Direct Costs
	100		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)	E	Indirect Costs
	\$ 371		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)	F	FY 2021-22 Direct & Indirect Costs
	\$ 37,080		\$ 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!

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)	D	Direct Costs
	10		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%
B	Fee per Unit (Proposed)	E	Indirect Costs
	\$ 525		Departmental Overhead 16.00% \$ 749.91 13.32%
			Central Services Overhead 2.00% \$ 94 1.66%
C	FY 2020-21 Revenue Budgeted (A x B)	F	FY 2020-21 Direct & Indirect Costs
	\$ 5,250		\$ 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

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)	D	Direct Costs
	10		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%
B	Fee per Unit (Proposed)	E	Indirect Costs
	\$ 541		Departmental Overhead 15.00% \$ 740 12.60%
			Central Services Overhead 2.00% \$ 99 1.68%
C	FY 2021-22 Revenue Budgeted (A x B)	F	FY 2021-22 Direct & Indirect Costs
	\$ 5,408		\$ 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	FY 2020-21
B Fee per Unit (Proposed)	\$ 525	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	Estimated Cost 3,918 % of Total 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%
G FY 2020-21 Revenue Recovery Rate (C/F)	83.80%	Space Rental Equivalent	\$ - 0.00%
H Required Fee For 100% Cost Recovery (F/A)	\$ 626.49	Materials & Supplies	\$ 100 1.60%
I Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$101.49)	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% \$ 835.92 13.34%
L FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:		Central Services Overhead	2.00% \$ 104 1.67%
		F FY 2020-21 Direct & Indirect Costs	\$ 6,265 100.00%
			\$ 5,250.00
			\$ -
			\$ 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	FY 2021-22
B Fee per Unit (Proposed)	\$ 541	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	Estimated Cost 4,122 % of Total 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%
G FY 2021-22 Revenue Recovery Rate (C/F):	82.80%	Space Rental Equivalent	\$ - 0.00%
H Required Fee For 100% Cost Recovery (F/A):	\$ 653.07	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%
			\$ 5,408
			\$ -
			\$ 6,531

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.

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/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	\$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.

	Description
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.

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

	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	1.45
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		
			FY 2020-21		
A	Quantity Estimated (# of Units of Service Provided)	20	D	Direct Costs	Estimated Cost
				Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	1,258 57.73%
				Leave & Non-Productive Time (0.25 of FY 2020-21 Salary & MFB)	\$ 419 19.24%
				Space Rental Equivalent	\$ - 0.00%
				Materials & Supplies	\$ 200 9.18%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 95	E	Indirect Costs	Rate
				Departmental Overhead	16.00% \$ 268.38 12.31%
				Central Services Overhead	2.00% \$ 34 1.54%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 1,900	F	FY 2020-21 Direct & Indirect Costs	\$ 2,179 100.00%
G	FY 2020-21 Revenue Recovery Rate (C/F)	87.18%			
H	Required Fee For 100% Cost Recovery (F/A)	\$ 108.97			
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$13.97)			
J	FY 2020-21 Estimated Revenue [(2) x A]:				\$ 1,900.00
K	FY 2019-20 Estimated Revenue [(3) x A]:				\$ -
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]:				\$ 1,900.00

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)	20	D	Direct Costs	Estimated Cost
				Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	1,324 58.44%
				Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 441 19.48%
				Space Rental Equivalent	\$ - 0.00%
				Materials & Supplies	\$ 200 8.83%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 98	E	Indirect Costs	Rate
				Departmental Overhead	15.00% \$ 265 11.69%
				Central Services Overhead	2.00% \$ 35 1.56%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 1,957	F	FY 2021-22 Direct & Indirect Costs	\$ 2,265 100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	86.40%			
H	Required Fee For 100% Cost Recovery (F/A):	\$ 113.25			
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$15.40)			

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

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

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)	50	D	Direct Costs	Estimated Cost % of Total
				Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 3,309 58.44%
				Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 1,103 19.48%
				Space Rental Equivalent	\$ - 0.00%
				Materials & Supplies	\$ 500 8.83%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 98	E	Indirect Costs	Rate
				Departmental Overhead	15.00%
				Central Services Overhead	2.00%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 4,893	F	FY 2021-22 Direct & Indirect Costs	\$ 5,662 100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	86.40%			
H	Required Fee For 100% Cost Recovery (F/A):	\$ 113.25			
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	(\$15.40)			

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

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.

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

NOTICE OF PUBLIC HEARING

BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO BUDGET AND APPROPRIATIONS COMMITTEE

NOTICE IS HEREBY GIVEN THAT the Budget and Appropriations Committee will hold a public hearing to consider the following proposal and said public hearing will be held as follows, at which time all interested parties may attend and be heard:

Date: August 19, 2020

Time: 10:00 a.m.

Location: REMOTE MEETING VIA VIDEOCONFERENCE

Watch: www.sfgovtv.org

Watch: SF Cable Channel 26 once the meeting starts, the telephone number and access code will be displayed on the screen.

Public Comment Call-In: <https://sfbos.org/remote-meeting-call>

Subjects: **File No. 200839.** Ordinance amending the Administrative Code to adjust fees of the Office of the Chief Medical Examiner to include post-mortem investigation services, remove references to obsolete services, and update fee amounts; and affirming the Planning Department's determination under the California Environmental Quality Act.

If this legislation passes, the Office of Chief Medical Examiner will increase the following fees to any persons or government agencies, including departments or agencies of the City and County of San Francisco that request or require such documents or services:

- **Proof of death letter.** From \$7 to \$9;
- **Statement of non-contagion.** From \$7 to \$9;
- **Certified copy of Medical Examiner's report.** From \$34 to \$46;
- **Disaster bag.** From \$49 to 66;
- **Copies of X-rays, per film.** From \$24 to \$32;
- **Re-cut microscopic slides, per slide.** From \$24 to \$32;
- **Storage of remains, per day.** From \$56 to \$75;
- **Removal of remains from place of death to OCME facility, Medical Examiner's cases.** From \$461 to \$621;
- **Cremation of remains by request with approval of OCME.** From \$873 to \$1,176;
- **Certified forensic toxicology report.** From \$12 to \$16;
- **Certified supporting documentation for results of forensic toxicology report, per page.** From \$0.90 to \$1;
- **Packaging and delivery of subpoenaed records to court.** From \$18 to \$22;

NOTICE OF PUBLIC HEARING

File No. 200839 (10-Day Fee Ad)

Date: August 19, 2020

Page 2

- **Specimen storage, per month.** From \$28 to \$38;
- **Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per hour.** From \$282 to \$380**;
- **Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour.** From \$400 to \$539**;
- **Expert testimony or consultation by OCME forensic pathologist, per hour.** From \$584 to \$787**;
- **Expert testimony or consultation by OCME investigator, per hour.** From \$282 to \$380**;
- **Drug screening in blood or urine by GC/MS (gas chromatography with mass spectrometry).** From \$1,200 to \$1,617;
- **Drug confirmation in urine, per drug.** From \$300 to \$404;
- **Drug confirmation and quantitation in blood, per drug.** From \$300 to \$404;
- **Drug screening in gastric contents or tissue by GC/MS.** From \$1,500 to \$2,021;
- **Drug confirmation in gastric contents or tissue, per drug.** From \$400 to \$539;
- **Date rape drug screening in urine.** From \$1,200 to \$1,616;
- **Date rape drug confirmation in urine, per drug.** From \$300 to \$404;
- **Drug screening and confirmation in hair, per hair specimen.** From \$4,000 to \$5,389;
- **Decedent's property mailing fee.** From \$40 to \$54;
- **Histology service, including embedding, cutting, routine H & E staining and coverslipping, per 4 cassettes.** From \$120 to \$162;
- **Forensic alcohol analysis, per case.** From \$160 to \$100;
- **Drug screening and confirmation in nails, per nail specimen.** From \$1,143 to \$1,540;
- **Preparation of specimen for shipment or release.** From \$60 to \$74;
- **Postmortem Comprehensive Drug Analysis:** \$360;
- **Postmortem Comprehensive Expanded Drug Analysis:** \$525;
- **Postmortem Comprehensive Drug and Alcohol Analysis:** \$400;
- **Postmortem Comprehensive Expanded Drug and Alcohol Analysis:** \$525;
- **Postmortem Carbon Monoxide Analysis:** \$95;
- **Postmortem Biochemistry (Electrolytes) Analysis:** \$95.

** Travel and accommodation charges will be the responsibility of the requesting party.

On March 17, 2020, the Board of Supervisors authorized their Board and Committee meetings to convene remotely and allow for remote public comment due to the Coronavirus -19 pandemic. Therefore, Board of Supervisors meetings that are held through videoconferencing will allow remote public comment. Visit the SFGovTV website (www.sfgovtv.org) to stream the live meetings or watch them on demand.

NOTICE OF PUBLIC HEARING

File No. 200839 (10-Day Fee Ad)

Date: August 19, 2020

Page 3

PUBLIC COMMENT CALL-IN

WATCH: SF Cable Channel 26, once the meeting starts, and the telephone number and access code will be displayed on the screen; or

VISIT: <https://sfbos.org/remote-meeting-call>

Please visit the Board's website (<https://sfbos.org/city-board-response-covid-19>) regularly to be updated on the City's response to COVID-19 and how the legislative process may be impacted.

In accordance with Administrative Code, Section 67.7-1, persons who are unable to attend the hearing on this matter may submit written comments prior to the time the hearing begins. These comments will be made as part of the official public record in this matter and shall be brought to the attention of the Board of Supervisors. Written comments should be addressed to Angela Calvillo, Clerk of the Board, City Hall, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA, 94102 or sent via email (board.of.supervisors@sfgov.org). Information relating to this matter is available in the Office of the Clerk of the Board or the Board of Supervisors' Legislative Research Center (<https://sfbos.org/legislative-research-center-lrc>). Agenda information relating to this matter will be available for public review on Friday, August 14, 2020.

For any questions about this hearing, please contact the Assistant Clerk for the Budget and Appropriations Committee:

Linda Wong (Linda.Wong@sfgov.org) - (415) 554-7719)

Please Note: *The Department is open for business, but employees are working from home. Please allow 48 hours for us to return your call or email.*



Angela Calvillo
Clerk of the Board of Supervisors
City and County of San Francisco

DATED/POSTED: August 7, 2020
PUBLISHED: August 9 and 14, 2020

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LINDA WONG
CCSF BD OF SUPERVISORS (OFFICIAL NOTICES)
1 DR CARLTON B GOODLETT PL #244
SAN FRANCISCO, CA 94102

COPY OF NOTICE

Notice Type: GPN GOVT PUBLIC NOTICE

Ad Description

LW - File No. 200839 - Medical Examiner Fees

To the right is a copy of the notice you sent to us for publication in the SAN FRANCISCO EXAMINER. Thank you for using our newspaper. Please read this notice carefully and call us with ny corrections. The Proof of Publication will be filed with the County Clerk, if required, and mailed to you after the last date below. Publication date(s) for this notice is (are):

08/09/2020 , 08/14/2020

The charge(s) for this order is as follows. An invoice will be sent after the last date of publication. If you prepaid this order in full, you will not receive an invoice.

Publication	\$1525.50
Total	\$1525.50

EXM# 3387880

NOTICE OF PUBLIC HEARING SAN FRANCISCO BOARD OF SUPERVISORS BUDGET AND APPROPRIATIONS COMMITTEE AUGUST 19, 2020 - 10:00 AM

REMOTE MEETING VIA VIDEOCONFERENCE
WATCH: www.sfgovtv.org
WATCH: SF Cable Channel 26 once the meeting starts, the telephone number and access code will be displayed on the screen.
PUBLIC COMMENT CALL-IN:

<https://sfbos.org/remotemeeting-call>

NOTICE IS HEREBY GIVEN THAT the Budget and Appropriations Committee will hold a public hearing to consider the following proposal: File No. 200839, Ordinance amending the Administrative Code to adjust fees of the Office of the Chief Medical Examiner to include post-mortem investigation services; remove references to obsolete services; and update fee amounts; and affirming the Planning Department's determination under the California Environmental Quality Act. If this legislation passes, the Office of Chief Medical Examiner will increase the following fees to any persons or government agencies, including departments or agencies of the City and County of San Francisco that request or require such documents or services: Proof of death letter. From \$7 to \$9; Statement of non-contagion. From \$7 to \$9; Certified copy of Medical Examiner's report. From \$34 to \$46; Disaster bag. From \$49 to \$66; Copies of X-rays, per film. From \$24 to \$32; Re-cut microscopic slides, per slide. From \$24 to \$32; Storage of remains, per day. From \$56 to \$75; Removal of remains from place of death to OCME facility, Medical Examiner's cases. From \$461 to \$621; Cremation of remains by request with approval of OCME. From \$873 to \$1,176; Certified forensic toxicology report. From \$12 to \$16; Certified supporting documentation for results of forensic toxicology report, per page. From \$0.90 to \$1; Packaging and delivery of subpoenaed records to court. From \$18 to \$22; Specimen storage, per month. From \$28 to \$38; Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per hour. From \$282 to \$380**;

Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour. From \$400 to \$539**; Expert testimony or consultation by OCME forensic pathologist, per hour. From \$584 to \$787**; Expert testimony or consultation by OCME investigator, per hour. From \$282 to \$380**. Drug screening in blood or urine by GC/MS (gas chromatography with mass spectrometry). From \$1,200 to \$1,617; Drug confirmation in urine, per drug. From \$300 to \$404; Drug confirmation and quantitation in blood, per drug. From \$300 to \$404; Drug screening in gastric contents or tissue by GC/MS. From \$1,500 to \$2,021; Drug confirmation in gastric contents or tissue, per drug. From \$400 to \$539; Date rape drug screening in urine. From \$1,200 to \$1,616; Date rape drug confirmation in urine, per drug. From \$300 to \$404; Drug screening and confirmation in hair, per hair specimen. From \$4,000 to \$5,389; Decedent's property mailing fee. From \$40 to \$54; Histology service, including embedding, cutting, routine H & E staining and coverslipping, per 4 cassettes. From \$120 to \$162; Forensic alcohol analysis, per case. From \$160 to \$100; Drug screening and confirmation in nails, per nail specimen. From \$1,143 to \$1,540; Preparation of specimen for shipment or release. From \$60 to \$74; Postmortem Comprehensive Drug Analysis: \$360; Postmortem Comprehensive Expanded Drug Analysis: \$525; Postmortem Comprehensive Drug and Alcohol Analysis: \$400; Postmortem Comprehensive Expanded Drug and Alcohol Analysis: \$525; Postmortem Carbon Monoxide Analysis: \$95; Postmortem Biochemistry (Electrolytes) Analysis: \$95. ** Travel and accommodation charges will be the responsibility of the requesting party. On March 17, 2020, the Board of Supervisors authorized their Board and Committee meetings to convene remotely and allow for remote public comment due to the Coronavirus -19 pandemic. Therefore, Board of Supervisors meetings that are held through videoconferencing will allow remote public comment. Visit the SFGovTV website (www.sfgovtv.org) to stream



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the live meetings or watch them on demand. Public Comment Call-In WATCH: SF Cable Channel 26, once the meeting starts, and the telephone number and access code will be displayed on the screen; or VISIT:

<https://sfbos.org/remote-meeting-call> Please visit the Board's website (<https://sfbos.org/city-board-response-covid-19>) regularly to be updated on the City's response to COVID-19 and how the legislative process may be impacted. In accordance with Administrative Code, Section 67.7-1, persons who are unable to attend the hearing on this matter may submit written comments prior to the time the hearing begins. These comments will be made as part of the official public record in this matter and shall be brought to the attention of the Board of Supervisors. Written comments should be addressed to Angela Calvillo, Clerk of the Board, City Hall, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA, 94102 or sent via email (board.of.supervisors@sfgov.org). Information relating to this matter is available in the Office of the Clerk of the Board or the Board of Supervisors' Legislative Research Center (<https://sfbos.org/legislative-research-center-irc>). Agenda information relating to this matter will be available for public review on Friday, August 14, 2020. For any questions about this hearing, please contact the Assistant Clerk for the Budget and Appropriations Committee: Linda Wong (Linda.Wong@sfgov.org) - (415) 554-7719 Please Note: The Department is open for business, but employees are working from home. Please allow 48 hours for us to return your call or email.



TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Sophia Kittler
RE: Administrative Code – Medical Examiner’s Fees for Certain Services
DATE: July 31, 2020

Ordinance amending Administrative Code Section 8.14 to adjust the Office of the Chief Medical Examiner's fees to add post-mortem investigation services, remove obsolete services, and update all amounts to FY20-21 values.

Should you have any questions, please contact Sophia Kittler at 415-554-6153.



To: Angela Calvillo, Clerk of the Board of Supervisors
From: Ashley Groffenberger, Acting Mayor's Budget Director
Date: July 31, 2020
Re: Mayor's FY 2020-21 and FY 2021-22 Budget Submission

Madam Clerk,

In accordance with the Seventh Supplement to the Mayoral Proclamation Declaring the Existence of a Local Emergency dated February 25, 2020, the Mayor's Office hereby submits the Mayor's proposed budget by August 1, corresponding legislation, and related materials for Fiscal Year 2020-21 and Fiscal Year 2021-22.

In addition to the Mayor's Proposed FY 2020-21 and FY 2021-22 Budget Book, the following items are included in the Mayor's submission:

- The Annual Appropriation Ordinance and Annual Salary Ordinance, along with Administrative Provisions, physical copies of which will be delivered by the Controller's Office
- The proposed budget for the Office of Community Investment and Infrastructure for FY 2020-21
- 21 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years

Please note the following:

- There are no Interim Exceptions proposed.
- Technical adjustments to the budget are being prepared, but are not submitted with this set of materials.

If you have any questions, please contact my office.

Sincerely,

Ashley Groffenberger
Acting Mayor's Budget Director

cc: Members of the Board of Supervisors
Budget and Legislative Analyst
Controller

Department	Item	Relevance to Budget	Type
HOM	Homelessness and Supportive Housing Fund Expenditure Plan for 2020-21 and 2021-22	Expenditure plan included in budget.	Resolution
CON	Neighborhood Beautification Fund	Neighborhood Beautification Fund contribution levels assumed in budget.	Ordinance
CON	Access Line Tax CPI increase	Sets Access Line Tax. Revenues assumed in budget.	Resolution
CON	Prop J Certification - previously approved	Costs related to Prop J services assumed in budget.	Resolution
CON	Prop J Certification - new	Costs related to Prop J services assumed in budget.	Resolution
PUC	Hetch Hetchy Capital Budget	Appropriates funds to support PUC Hetch Hetchy capital budget expenditures.	Ordinance
PUC	CleanPowerSF Capital Budget	Appropriates funds to support PUC CleanPowerSF capital budget expenditures.	Ordinance
PUC	Wastewater Capital Budget	Appropriates funds to support PUC Wastewater Enterprise capital budget expenditures.	Ordinance
PUC	Water Capital Budget	Appropriates funds to support PUC Water Enterprise capital budget expenditures.	Ordinance
PUC	Power Debt Authorization	Authorizes debt issuance for Hetch Hetchy and CleanPowerSF capital projects.	Ordinance
PUC	Wastewater Debt Authorization	Authorizes debt issuance for Wastewater Enterprise capital projects.	Ordinance
PUC	Water Debt Authorization	Authorizes debt issuance for Water Enterprise capital projects.	Ordinance
LIB	In-Kind Grant of Friends of San Francisco Public Library	Grant assumed in budget.	Resolution
ADM	Medical Examiner Fees	Fee revenue assumed in budget.	Ordinance
ADM	Permit Center Fees	Fee revenue assumed in budget.	Ordinance
ADM	COP Refunding Authorization	Debt savings assumed in budget.	Ordinance
ADM	COP Refunding Appropriation	Appropriates and de-appropriates COP savings.	Ordinance
ADM	County Clerk Fee	Fee revenue assumed in budget.	Resolution
DPH	DPH Patient Rates	Fee revenue assumed in budget.	Ordinance
MOHCD	ESG Cares 2	Grant assumed in budget.	Resolution
CON	BSIF Reserve Use	Use of reserve assumed in budget.	Resolution