

File No. 200839

Committee Item No. 1
Board Item No. 35

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 2, 2020

Board of Supervisors Meeting

Date September 15, 2020

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Notice of Public Hearing |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Planning Department's determination under the CEQA Act |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Fee Cost Recovery |
| <input type="checkbox"/> | <input type="checkbox"/> | |
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Completed by: Linda Wong Date August 28, 2020

Completed by: Linda Wong Date September 2, 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.

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

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

Section 1. Environmental Findings. The Planning Department has determined that the actions contemplated in this ordinance comply with the California Environmental Quality Act (California Public Resources Code Sections 21000 et seq.). Said determination is on file with the Clerk of the Board of Supervisors in File No. 200839 and is incorporated herein by reference. The Board affirms this determination.

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

(a) The Office of the Chief Medical Examiner is hereby authorized to charge 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:

1	Proof of death letter	\$7 <u>910</u>
2	Statement of non-contagion	7 <u>910</u>
3	Certified copy of Medical Examiner's report	34 <u>4647</u>
4	Disaster bag	49 <u>6667</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>3233</u>
8	Re-cut microscopic slides, per slide	24 <u>3233</u>
9	Storage of remains, per day	56 <u>7577</u>
10	Removal of remains from place of death to OCME facility, Medical	461 <u>621632</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 <u>with approval of OCME</u>	873 <u>1,1761,196</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>2223</u>
19	Specimen storage, per month	28 <u>38</u>
20	Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per	282 <u>380386</u>
21	hour	/hour**
22	Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour	400 <u>539548</u> **
23	Expert testimony or consultation by OCME forensic pathologist, per hour	584 <u>787800</u> **
24	Expert testimony or consultation by OCME investigator, per hour	282 <u>380386</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 1,617 <u>1,644</u>
5	<i>mass spectrometry</i>)	
6	Drug confirmation in urine, per drug	300 404 <u>411</u>
7	Drug confirmation and quantitation in blood, per drug	300 404 <u>411</u>
8	Drug screening in gastric contents or tissue by GC/MS	1,500 2,021 <u>2,056</u>
9	Drug confirmation in gastric contents or tissue, per drug	400 539 <u>548</u>
10	Date rape drug screening in urine	1,200 1,616 <u>1,644</u>
11	Date rape drug confirmation in urine, per drug	300 404 <u>411</u>
12	Drug screening and confirmation in hair, per hair specimen	4,000 5,389 <u>5,481</u>
13	Decedent's property mailing fee	40 54 <u>55</u>
14	Histology service, including embedding, cutting, routine H & E staining	120 162 <u>164</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 1,540 <u>1,566</u>
18	Preparation of specimen for shipment or release	60 74 <u>75</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>
25		

1
2 ** Travel and accommodation charges will be the responsibility of the requesting party.

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

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

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

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

21 No later than April 15~~th~~ of each year, the Medical Examiner's Office shall submit its
22 current fee schedule to the Controller, who shall apply the price index adjustment to produce a
23 new fee schedule for the following year. The adjusted rates shall become operative on July 1.
24
25

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

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

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

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

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

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FILE NO. 200839

LEGISLATIVE DIGEST

[Administrative Code - Medical Examiner Fees]

Ordinance amending Administrative Code Section 8.14 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.

The legislation was introduced with fees from the Controller's Fee Schedule, and then amended by the Budget and Appropriations Committee to adjust those fees consistent with the current consumer price index.

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BOARD of SUPERVISORS



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

August 19, 2020

File No. 200839

Lisa Gibson
Environmental Review Officer
Planning Department
1650 Mission Street, Ste. 400
San Francisco, CA 94103

Dear Ms. Gibson:

On August 19, 2020, the Budget and Appropriations Committee amended the following legislation:

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.

This legislation is being transmitted to you for environmental review.

Angela Calvillo, Clerk of the Board

Linda Wong

By: Linda Wong, Assistant Clerk
Budget and Finance Committee

Attachment

c: Devyani Jain, Environmental Planning
Joy Navarrete, Environmental Planning
Don Lewis, Environmental Planning
Laura Lynch, Environmental Planning

Not defined as a project under CEQA Guidelines Sections 15378 and 15060(c)(2) because it would not result in a direct or indirect physical change in the environment.

08/26/2020

Joy Navarrete

	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)		D	Direct Costs	FY 2020-21 Estimated Cost	% of Total
	500			Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 31,294	57.70%
				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%
B	Fee per Unit (Proposed)	\$ 100	E	Indirect Costs	Rate	
				Departmental Overhead	16.00%	\$ 6,676 12.31%
				Central Services Overhead	2.00%	\$ 835 1.54%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 50,000	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)		D	Direct Costs	FY 2021-22 Estimated Cost	% of Total
	500			Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 32,695	58.38%
				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%
B	Fee per Unit (Proposed)	\$ 103	E	Indirect Costs	Rate	
				Departmental Overhead	15.00%	\$ 6,539 11.68%
				Central Services Overhead	2.00%	\$ 872 1.56%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 51,500	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.

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

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.

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	0.15
2403	Forensic Lab Analyst	Receipt & accessioning and return & destruction	0.30
2456	Forensic Toxicologist	Ethanol Analysis, ethanol review, and report review	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.

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 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.

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 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:

Numeric Code

Title

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

Proposed Fee (FY 2021-22):

Proposed Fee (FY 2020-21):

Current Fee (FY 2019-20):

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

FY 2021-22 Proposed Fee Increase/Decrease:

FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:

FY 2020-21 Proposed Fee Increase/Decrease:

FY 2020-21 % Proposed Fee Change from Current Fee:

\$	10.80
	3.00%
\$	360.00
	#DIV/0!

Fee Prior to Current:	\$	-
Current Fee Increase/Decrease from Prior Fee:	\$	-

Fiscal Year of Prior Fee Change:

% Current Fee Change from Prior Fee:

N?A
#DIV/0!

FY2020-21

ESTIMATED REVENUE DERIVED FROM SERVICE

A	Quantity Estimated (# of Units of Service Provided)	100
B	Fee per Unit (Proposed)	\$ 360
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 36,000

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW

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%
E	Indirect Costs	Rate	
	Departmental Overhead	16.00%	\$ 4,825.19 13.19%
	Central Services Overhead	2.00%	\$ 603 1.65%
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

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE

A	Quantity Estimated (# of Units of Service Provided)	100
B	Fee per Unit (Proposed)	\$ 371
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 37,080

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW

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%
E	Indirect Costs	Rate	
	Departmental Overhead	15.00%	\$ 4,759 12.48%
	Central Services Overhead	2.00%	\$ 635 1.66%
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 Class s	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

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	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/

Chapter 8 Section 8.14

Proposed Fee Ordinance/File No:

PS Department of Proposed Revenue:

Numeric Code	Title
284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

Proposed Fee (FY 2021-22):

\$ 540.75 (1)

Proposed Fee (FY 2020-21):

\$ 525.00 (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 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
Proposed Fee (FY 2020-21): \$ 525.00
Current Fee (FY 2019-20): \$ -

FY 2021-22 Proposed Fee Increase/Decrease:

\$ 15.75

FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:

3.00%

FY 2020-21 Proposed Fee Increase/Decrease:

\$ 525.00

FY 2020-21 % Proposed Fee Change from Current Fee:

#DIV/0!

Fee Prior to Current: \$ -
Current Fee Increase/Decrease from Prior Fee: \$ -

Fiscal Year of Prior Fee Change:

N?A

% Current Fee Change from Prior Fee:

#DIV/0!

FY2020-21

ESTIMATED REVENUE DERIVED FROM SERVICE

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

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 COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW

FY 2020-21			
D	Direct Costs	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%

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE

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

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)

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW

FY 2021-22			
D	Direct Costs	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%

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**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:

Post Mortem Comprehensive Expanded Drugs and Alcohol (PM LCMS GCMS 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:

Numeric Code	Title
284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

Proposed Fee (FY 2021-22):

\$ 540.75 (1)

Proposed Fee (FY 2020-21):

\$ 525.00 (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 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

Proposed Fee (FY 2020-21):

\$ 525.00

Current Fee (FY 2019-20):

\$ -

FY 2021-22 Proposed Fee Increase/Decrease:

\$ 15.75

FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:

3.00%

FY 2020-21 Proposed Fee Increase/Decrease:

\$ 525.00

FY 2020-21 % Proposed Fee Change from Current Fee:

#DIV/0!

Fee Prior to Current:

\$ -

Current Fee Increase/Decrease from Prior Fee:

\$ -

Fiscal Year of Prior Fee Change:

N?A

% Current Fee Change from Prior Fee:

#DIV/0!

FY2020-21

ESTIMATED REVENUE DERIVED FROM SERVICE

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

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW

D	Direct Costs	FY 2020-21	
		Estimated Cost	% of Total
	Productive Labor & Benefits (0.75 of 2020-21 Salary & MFB)	\$ 3,918	62.54%
	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

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE

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

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW

D	Direct Costs	FY 2021-22	
		Estimated Cost	% of Total
	Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 4,122	63.12%
	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

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	\$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	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
2	100 \$10 per test for lab supplies
3	
Total:	\$100.00

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%
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 Cost

1

2

3

Total:

\$0.00

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

Materials and Supplies Cost

1

2

3

Total:

\$100.00

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

Other Costs Cost

1

2

3

Total:

\$0.00

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

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:

Numeric Code	Title
284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

Proposed Fee (FY 2021-22):

\$ 412.00 (1)

Proposed Fee (FY 2020-21):

\$ 400.00 (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. 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
 Proposed Fee (FY 2020-21): \$ 400.00
 Current Fee (FY 2019-20): \$ -

FY 2021-22 Proposed Fee Increase/Decrease: \$ 12.00
 FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee: 3.00%
 FY 2020-21 Proposed Fee Increase/Decrease: \$ 400.00
 FY 2020-21 % Proposed Fee Change from Current Fee: #DIV/0!

Fee Prior to Current: \$ -
 Current Fee Increase/Decrease from Prior Fee: \$ -

Fiscal Year of Prior Fee Change: N?A
 % 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		
			FY 2020-21		
A	Quantity Estimated (# of Units of Service Provided)		D	Direct Costs	Estimated Cost % of Total
		100		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%
B	Fee per Unit (Proposed)	\$ 400	E	Indirect Costs	Rate
				Departmental Overhead	16.00% \$ 5,685.31 13.24%
				Central Services Overhead	2.00% \$ 711 1.66%
C	FY 2020-21 Revenue Budgeted (A x B)	\$ 40,000	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		
			FY 2021-22		
A	Quantity Estimated (# of Units of Service Provided)		D	Direct Costs	Estimated Cost % of Total
		100		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%
B	Fee per Unit (Proposed)	\$ 412	E	Indirect Costs	Rate
				Departmental Overhead	15.00% \$ 5,607 12.53%
				Central Services Overhead	2.00% \$ 748 1.67%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 41,200	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

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	\$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

1

2

3

Total:

\$0.00

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.

Materials and Supplies Cost

1

2

3

Total:

\$1,000.00

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.

Other Costs Cost

1

2

3

Total:

\$0.00

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.

Indirect Costs

Rate	Source
17.4%	<div>Please provide supporting documentation for how Departmental overhead rate was derived.</div> <div>Salaries and Benefits7,832,622</div>

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 Cost

1

2

3

Total:

\$0.00

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

Materials and Supplies Cost

1

2

3

Total:

\$1,000.00

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

Other Costs Cost

1

2

3

Total:

\$0.00

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

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/

Chapter 8 Section 8.14

Proposed Fee Ordinance/File No:

PS Department of Proposed Revenue:

Numeric Code	Title
284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

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
 Proposed Fee (FY 2020-21): \$ 95.00
 Current Fee (FY 2019-20): \$ -

FY 2021-22 Proposed Fee Increase/Decrease:
 FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee:
 FY 2020-21 Proposed Fee Increase/Decrease:
 FY 2020-21 % Proposed Fee Change from Current Fee:

\$ 2.85
 3.00%
 \$ 95.00
 #DIV/0!

Fee Prior to Current: \$ -
 Current Fee Increase/Decrease from Prior Fee: \$ -

Fiscal Year of Prior Fee Change: N?A
 % 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) 20

B Fee per Unit (Proposed) \$ 95

C FY 2020-21 Revenue Budgeted (A x B) \$ 1,900

D Direct Costs

	FY 2020-21 Estimated Cost	% of Total
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%

E Indirect Costs

	Rate		
Departmental Overhead	16.00%	\$ 268.38	12.31%
Central Services Overhead	2.00%	\$ 34	1.54%

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

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) 20

B Fee per Unit (Proposed) \$ 98

C FY 2021-22 Revenue Budgeted (A x B) \$ 1,957

D Direct Costs

	FY 2021-22 Estimated Cost	% of Total
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%

E Indirect Costs

	Rate		
Departmental Overhead	15.00%	\$ 265	11.69%
Central Services Overhead	2.00%	\$ 35	1.56%

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/reiew, 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

1

2

3

Total:

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

Materials and Supplies Cost

1

2

3

Total:

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

Other Costs Cost

1

2

3

Total:

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

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/

Chapter 8 Section 8.14

Proposed Fee Ordinance/File No:

PS Department of Proposed Revenue:

Numeric Code	Title
284641	ADM Medical Examiner
10000	General Annual
10000	Operating
10001624	Medical Examiner
1	Medical Examiner Operations
461199	Miscellaneous Fee

PS Fund of Proposed Revenue:

PS Authority of Proposed Revenue:

PS Project of Proposed Revenue:

PS Activity of Proposed Revenue:

PS Account of Proposed Revenue:

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
 Proposed Fee (FY 2020-21): \$ 95.00
 Current Fee (FY 2019-20): \$ -

FY 2021-22 Proposed Fee Increase/Decrease: \$ 2.85
 FY 2021-22 % Proposed Fee Change from FY 2020-21 Fee: 3.00%
 FY 2020-21 Proposed Fee Increase/Decrease: \$ 95.00
 FY 2020-21 % Proposed Fee Change from Current Fee: #DIV/0!

Fee Prior to Current: \$ -
 Current Fee Increase/Decrease from Prior Fee: \$ -

Fiscal Year of Prior Fee Change: N?A
 % Current Fee Change from Prior Fee: #DIV/0!

FY2020-21

ESTIMATED REVENUE DERIVED FROM SERVICE

A Quantity Estimated (# of Units of Service Provided) 50
 B Fee per Unit (Proposed) \$ 95
 C FY 2020-21 Revenue Budgeted (A x B) \$ 4,750

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 COSTS TO PROVIDE SERVICE - USE WORKSHEET 20-21, BELOW

D Direct Costs
 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%
 E Indirect Costs
 Departmental Overhead 16.00% \$ 670.96 12.31%
 Central Services Overhead 2.00% \$ 84 1.54%
 F FY 2020-21 Direct & Indirect Costs \$ 5,448 100.00%

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE

A Quantity Estimated (# of Units of Service Provided) 50
 B Fee per Unit (Proposed) \$ 98
 C FY 2021-22 Revenue Budgeted (A x B) \$ 4,893

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)

ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW

D Direct Costs
 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%
 E Indirect Costs
 Departmental Overhead 15.00% \$ 662 11.69%
 Central Services Overhead 2.00% \$ 88 1.56%
 F FY 2021-22 Direct & Indirect Costs \$ 5,662 100.00%

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/reiew, 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	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
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 FINANCE COMMITTEE

NOTICE IS HEREBY GIVEN THAT the Budget and Finance 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: September 2, 2020

Time: 10:30 a.m.

Location: REMOTE MEETING VIA VIDEOCONFERENCE

Watch: www.sfgovtv.org

Watch: SF Cable Channel 26, 78 or 99 (depending on the provider), 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 adjust or create 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 \$10;
- **Statement of non-contagion.** From \$7 to \$10;
- **Certified copy of Medical Examiner's report.** From \$34 to \$47;
- **Disaster bag.** From \$49 to 67;
- **Copies of X-rays, per film.** From \$24 to \$33;
- **Re-cut microscopic slides, per slide.** From \$24 to \$33;
- **Storage of remains, per day.** From \$56 to \$77;
- **Removal of remains from place of death to OCME facility, Medical Examiner's cases.** From \$461 to \$632;
- **Cremation of remains by request with approval of OCME.** From \$873 to \$1,196;
- **Certified forensic toxicology report.** From \$12 to \$16;
- **Certified supporting documentation for results of forensic toxicology report, per page.** From \$0.90 to \$1;

NOTICE OF PUBLIC HEARING

File No. 200839 (10-Day Fee Ad)

Date: September 2, 2020

Page 2

- **Packaging and delivery of subpoenaed records to court.** From \$18 to \$23;
- **Specimen storage, per month.** From \$28 to \$38;
- **Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per hour.** From \$282 to \$386**;
- **Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour.** From \$400 to \$548**;
- **Expert testimony or consultation by OCME forensic pathologist, per hour.** From \$584 to \$800**;
- **Expert testimony or consultation by OCME investigator, per hour.** From \$282 to \$386**;
- **Drug screening in blood or urine by GC/MS** (gas chromatography with mass spectrometry). From \$1,200 to \$1,644;
- **Drug confirmation in urine, per drug.** From \$300 to \$411;
- **Drug confirmation and quantitation in blood, per drug.** From \$300 to \$411;
- **Drug screening in gastric contents or tissue by GC/MS.** From \$1,500 to \$2,056;
- **Drug confirmation in gastric contents or tissue, per drug.** From \$400 to \$548;
- **Date rape drug screening in urine.** From \$1,200 to \$1,644;
- **Date rape drug confirmation in urine, per drug.** From \$300 to \$411;
- **Drug screening and confirmation in hair, per hair specimen.** From \$4,000 to \$5,481;
- **Decedent's property mailing fee.** From \$40 to \$55;
- **Histology service, including embedding, cutting, routine H & E staining and coverslipping, per 4 cassettes.** From \$120 to \$164;
- **Forensic alcohol analysis, per case.** From \$160 to \$100;
- **Drug screening and confirmation in nails, per nail specimen.** From \$1,143 to \$1,566;
- **Preparation of specimen for shipment or release.** From \$60 to \$75;
- **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.

PUBLIC COMMENT CALL-IN

WATCH: SF Cable Channel 26, 78 or 99 (depending on the provider), 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>

NOTICE OF PUBLIC HEARING

File No. 200839 (10-Day Fee Ad)

Date: September 2, 2020

Page 3

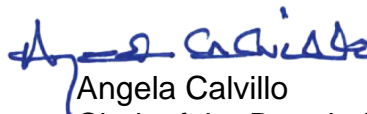
Please visit the Board's website (<https://sfbos.org/city-board-response-covid-19>) regularly to be updated on the City's response to COVID-19 and how the legislative process may be impacted.

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 28, 2020.

For any questions about this hearing, please contact the Assistant Clerk for the Budget and Finance 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 21, 2020
PUBLISHED: August 23 and 28, 2020

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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 Fee Ad - 9/2 BFC Meeting

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):

08/23/2020 , 08/28/2020

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	\$1532.25
Total	\$1532.25

EXM# 3392377

NOTICE OF REGULAR MEETING SAN FRANCISCO BOARD OF SUPERVISORS BUDGET AND FINANCE COMMITTEE SEPTEMBER 2, 2020 - 10:30 AM REMOTE MEETING VIA VIDEOCONFERENCE WATCH:

www.sfgovtv.org/watch: SF Cable Channel 26, 78 or 99 (depending on the provider) 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 Finance 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 adjust or create 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 \$10; Statement of non-contagion. From \$7 to \$10; Certified copy of Medical Examiner's report. From \$34 to \$47; Disaster bag. From \$49 to \$67; Copies of X-rays, per film. From \$24 to \$33; Re-cut microscopic slides, per slide. From \$24 to \$33; Storage of remains, per day. From \$56 to \$77; Removal of remains from place of death to OCME facility. Medical Examiner's cases. From \$461 to \$632; Cremation of remains by request with approval of OCME. From \$873 to \$1,196; 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 \$23; Specimen storage, per month. From \$28 to \$38; Expert testimony or consultation by OCME toxicologist (non-Ph.D.), per hour. From \$282 to \$386**;

Expert testimony or consultation by OCME toxicologist (Ph.D.), per hour. From \$400 to \$548**; Expert testimony or consultation by OCME forensic pathologist, per hour. From \$584 to \$800**; Expert testimony or consultation by OCME investigator, per hour. From \$282 to \$386**. Drug screening in blood or urine by GC/MS (gas chromatography with mass spectrometry). From \$1,200 to \$1,644; Drug confirmation in urine, per drug. From \$300 to \$411; Drug confirmation and quantitation in blood, per drug. From \$300 to \$411; Drug screening in gastric contents or tissue by GC/MS. From \$1,500 to \$2,056; Drug confirmation in gastric contents or tissue, per drug. From \$400 to \$548; Date rape drug screening in urine. From \$1,200 to \$1,644; Date rape drug confirmation in urine, per drug. From \$300 to \$411; Drug screening and confirmation in hair, per hair specimen. From \$4,000 to \$5,481; Decedent's property mailing fee. From \$40 to \$55; Histology service, including embedding, cutting, routine H & E staining and coverslipping, per 4 cassettes. From \$120 to \$164; Forensic alcohol analysis, per case. From \$160 to \$100; Drug screening and confirmation in nails, per nail specimen. From \$1,143 to \$1,566; Preparation of specimen for shipment or release. From \$60 to \$75; 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, 78 or 99 (depending on the provider), once the meeting starts, and the telephone number and access code will be displayed on the screen; or VISIT: <https://sfbos.org/remotemeeting-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 28, 2020. For any questions about this hearing, please contact the Assistant Clerk for the Budget and Finance 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.

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;

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

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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>

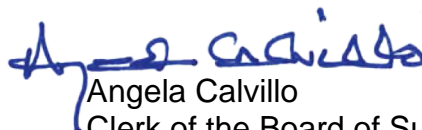
Please visit the Board's website (<https://sfbos.org/city-board-response-covid-19>) regularly to be updated on the City's response to COVID-19 and how the legislative process may be impacted.

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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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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/remote-meeting-call>

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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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<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.



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