



## Legislation Text

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**File #:** 23-0045, **Version:** 1

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**Department:** Institute of Forensic Sciences

**Department Head/Elected Official:** Luis A. Sanchez, M.D., Executive Director & Chief Medical Examiner

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Interlocal Agreement

**Project ID** (if applicable):

**Vendor/Entity Legal Name** (if applicable):

**MWDBE Contracted Goal** (if applicable):

**MWDBE Current Participation** (if applicable):

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Request for approval of an affiliation agreement with Texas A&M University for forensic medicine and science training purposes.

**Background and Discussion:**

The agreement allows for medical students of the University to utilize designated facilities of the HCIFS for forensic medicine clinical rotation and forensic science training purposes.

**Expected Impact:**

This agreement supports the IFS goal of excellence in science through the promotion of learning opportunities and the use of ethical and sound methodologies. The experience gained will be beneficial to both the County and the students.

**Alternative Options:**

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action** (if any):

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	FY 23	FY 24	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Court Date:** 01/10/2023

**Anticipated Implementation Date (if different from Court date):**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Lydia Waldroup, Executive Assistant, Institute of Forensic Sciences

**Attachments** (if applicable): Affiliation Agreement and Order