



## Legislation Text

---

**File #:** 21-6462, **Version:** 1

---

**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 Participation** (if applicable):

**Request Summary (Agenda Caption):**

Request for approval of an affiliation agreement between Harris County IFS and the University of the Incarnate Word School of Osteopathic Medicine for forensic medicine and science training purposes.

**Background and Discussion:**

The agreement allows for medical students, residents, and faculty of Incarnate Word School of Osteopathic Medicine 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:**

N/A

**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

Fiscal and Personnel Summary			
Service Name			
	FY 21-22	FY 22	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 Implementation 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):