



# Lexington-Fayette Urban County Government

200 E. Main St  
Lexington, KY 40507

## Legislation Details (With Text)

**File #:** 0641-15      **Version:** 1      **Name:** Council authorization to execute Professional Service Agreement with Amanda Hughes to serve as a Sexual Assault Nurse Examiner on an "on-call" basis for the performance of forensic examinations

**Type:** Resolution      **Status:** Approved

**File created:** 5/14/2015      **In control:** Urban County Council

**On agenda:** 6/11/2015      **Final action:** 6/11/2015

**Enactment date:** 6/11/2015      **Enactment #:** R-334-2015

**Title:** A Resolution authorizing the Mayor, on behalf of the Urban County Government, to execute a Professional Services Agreement with Amanda Hughes, as a Sexual Assault Nurse Examiner, to provide on-call forensic examinations under the Sexual Assault Nurse Examiner Program, at a cost not to exceed \$40.00 for each scheduled on-call period, \$230.00 for each completed forensic examination, \$50.00 per case for professional testimony in court, and the reasonable cost of medical liability insurance. [Div. of Grants and Special Programs/Dept. of Public Safety, Gooding/Bastin]

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Bluesheet - Hughes 5-14-15.pdf, 2. Amanda Hughes-Agreement.pdf, 3. Resolution 334-2015.pdf, 4. Contract 93-2015.pdf

Date	Ver.	Action By	Action	Result
6/11/2015	1	Urban County Council	Approved	Pass
5/28/2015	1	Urban County Council	Received First Reading	
5/26/2015	1	Urban County Council Work Session	Approved and Referred to Docket	Pass

A Resolution authorizing the Mayor, on behalf of the Urban County Government, to execute a Professional Services Agreement with Amanda Hughes, as a Sexual Assault Nurse Examiner, to provide on-call forensic examinations under the Sexual Assault Nurse Examiner Program, at a cost not to exceed \$40.00 for each scheduled on-call period, \$230.00 for each completed forensic examination, \$50.00 per case for professional testimony in court, and the reasonable cost of medical liability insurance. [Div. of Grants and Special Programs/Dept. of Public Safety, Gooding/Bastin]

Authorization to execute Professional Service Agreement with Amanda Hughes to serve as a Sexual Assault Nurse Examiner on an "on-call" basis for the performance of forensic examinations. The purpose of this program is to improve the collection of forensic evidence in sexual assault cases and to provide the victims of sexual assault more humane treatment during the investigation. The cost for this service is \$230.00 per completed forensic examination. Funds are budgeted for this program. (L0641-15)(Gooding/Paulsen)

Budgetary Implications: Yes

Advance Document Review:

**Law:** No

**Risk Management:** No

Fully Budgeted [select]: Yes

Account Number: 3140-505506-5561-71299 (SANE\_2015)  
3140-505506-5561-71217 (SANE3\_2015)

This Fiscal Year Impact: \$59,150 budgeted for all nurses

Annual Impact: \$

Project: SANE\_2015  
SANE3\_2015

Activity: FED\_GRANT  
STA\_GRANT

Budget Reference: 2015

Current Balance:	SANE_2015	\$35,000.00
	SANE3_2015	\$24,150.00

BE IT RESOLVED BY THE COUNCIL OF THE LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT:

Section 1 - That the Mayor, on behalf of the Lexington-Fayette Urban County Government, be and hereby is authorized to execute the Professional Services Agreement, which is attached hereto and incorporated herein by reference, with Amanda Hughes, as a Sexual Assault Nurse Examiner, to provide on-call forensic examinations under the Sexual Assault Nurse Examiner Program.

Section 2 - That an amount, not to exceed \$40.00 for each scheduled on-call period, \$230.00 for each completed forensic examination, \$50.00 per case for professional testimony in court, and the reasonable cost of medical liability insurance, be and hereby is approved for payment to Amanda Hughes, from accounts #3140-505506-71299 and #3140-505506-71217, pursuant to the terms of the Professional Services Agreement.

Section 3 - That this Resolution shall become effective on the date of its passage.

PASSED URBAN COUNTY COUNCIL:

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CLERK OF URBAN COUNTY COUNCIL