EXHIBIT A

PROPOSED COSTS

WEST TENNESSEE REGIONAL FORENSIC CENTER PERIOD July 1, 2025- JUNE 30, 2026

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| POSITION | OPERATINGFTE's | COMPENSATION |  | BENEFITS | FY 2024COMPENSATION |
| Medical Examiner |  |  |  |  | 0 |
| Forensic Pathologist |  |  |  |  | 0 |
| Administrator |  |  |  |  | 0 |
| Supervisor of Tech Services |  |  |  |  | 0 |
| Forensic Techs |  |  |  |  | 0 |
| Supervisor of Investigations |  |  |  |  | 0 |
| Death Investigators |  |  |  |  | 0 |
| Administrative Assistant |  |  |  |  | 0 |
| Medicolegal Secretary/Transcriptionist |  |  |  |  | 0 |
| Records Management Clerk |  |  |  |  | 0 |
| Receptionist/Operator |  |  |  |  | 0 |
| File Clerk |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
| **Total Personnel Costs** | 23.00 | 0 |  | 0 | 0 |

|  |  |
| --- | --- |
| **OPERATING COSTS** |  |
|  |  |  |
| Telephone |  |  |
| General Liability Insurance |  |  |
| Lease - Vehicles |  |  |
| Custodial Services |  |  |
| Biohazard Waste |  |  |
| Malpractice Insurance |  |  |
| Travel |  |  |
| Repairs & Maintenance - Equipment |  |  |
| Lease - Equipment |  |  |
| Toxicology |  |  |
| Body Transportation |  |  |
| Information Technology Services |  |  |
| Histology |  |  |
| Continuing Medical Education |  |  |
| Laundry Services |  |  |
| Education/Seminars |  |  |
| Membership & Dues |  |  |
| Postage & Printing |  |  |
| Consulting |  |  |
| Vehicle Maintenance |  |  |
| Medical Autopsy Supplies |  |  |
| Office & Chart Supplies |  |  |
| Information Technology Supplies |  |  |
| X-Ray Supplies |  |  |
| Books & Publications |  |  |
| Digital Imaging/Photography |  |  |
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|  |  |  |
| **Total Operating Costs** 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TOTAL COSTS (Personnel + Operating) |  |  |  |  | 0 |
| Fixed Administrative Fee |  |  |  |  |  |
| **TOTAL Projected/Budgeted COSTS** |  |  |  |  | **0** |