Revised - LEGISLATIVE FACT SHEET

**DATE**: **BT OR RC NUMBER**: \_\_\_\_2011-493\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Administration Bills)

**SPONSOR**  (Department/Division/Agency/Council Member): \_Office of the Sheriff\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE/SUMMARY:** To appropriate $281,705.04 for construction of a clinic at the Montgomery Correctional Center.

**APPROPRIATION :** Total Amount Appropriated: $ 281,705.04 as follows:

**(Name of Fund as it will appear in title of legislation)**

Name of Federal Funding Source:\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Private Funding Source: PRCP324F5720 - 06505\_\_\_\_\_\_Amount: $\_\_\_281,705.04\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bond Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

Emergency? Yes\_ \_ No \_X\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal or State Mandates Yes \_\_\_ No \_X\_\_

 Fiscal Year Carryover? Yes \_ X No \_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CIP Amendment? Yes \_ X\_ No \_ \_\_ (Attach CIP form)

 Contract/Agreement (C/A) Approval Yes \_ No \_ X\_\_ (Attach a copy only)

 C/A negotiations on-going? Yes \_\_ No \_X\_\_

 Oversight Department Required? Yes \_\_\_ No \_X\_\_ Name of Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Related RC?/BT? Yes \_ X No\_\_\_ (Attach a copy)

 Waiver of Code? Yes \_\_\_ No\_X\_\_ (Identify Code Provision \_\_\_\_\_\_\_\_)

 Code Exception? Yes \_\_\_ No\_X\_\_ (Identify Code Provision \_\_\_\_\_\_\_\_)

 Continuation Grant? Yes No\_ X\_\_

 Surplus Property Certification? Yes \_ \_ No X (Attach a copy)

 Related Enacted Ordinances? Yes \_X\_ No\_\_\_ Ord. # of Previous Ord. 2008-697E

 Report Required to City Council/Council Auditors

 Yes \_\_\_ No\_X\_\_ Date \_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Adam Hollingsworth, Chief of Policy

Mayor's Office, Fourth Floor, City Hall at St. James

From: \_Maxine L. Person, Chief Budget & Management, Sheriff’s Office\_

(Name, Job Title, Department)

Phone: \_\_630-2105\_\_\_ Fax: \_\_\_630-2272\_\_ E-mail: \_Maxine.Person@jaxsheriff.org

Contact person: \_Maxine L Person Chief Budget & Management, Sheriff’s Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name, Job Title, Department)

 Phone: \_630-2105\_\_\_\_\_\_\_\_\_ Fax: \_\_\_630-2272\_\_ E-mail: \_Maxine.Person@jaxsheriff.org

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**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel

 Suite 480, City Hall at St. James

From: \_Maxine L. Person, Chief Budget & Management, Sheriff’s Office

(Name, Job Title, Department)

Phone: \_630-2105\_\_\_\_\_\_ Fax: \_630-2772\_ E-mail: Maxine.Person@jaxsheriff.org

Contact person: Maxine L. Person, Chief Budget & Management, Sheriff’s Office

 (Name, Job Title, Department)

 Phone: \_630-2105\_\_\_\_\_\_ Fax: \_630-2772\_ E-mail: Maxine.Person@jaxsheriff.org

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**

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