LEGISLATIVE FACT SHEET

**DATE**: 07.25.11 **BT OR RC NUMBER**: 2011-545

(Administration Bills)

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

**PURPOSE/SUMMARY: To appropriate $189,000 in federal funds with no local match to acquire identified equipment in gaps relevant to WMD detection and all-hazards response capabilities for JSO in anti-terrorism operations.**

**APPROPRIATION :** Total Amount Appropriated: $ 189,000 as follows:

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

Name of Federal Funding Source:\_U.S. Depart. Homeland Security Amount: $\_189,000

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

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

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\_\_ Justification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

CIP Amendment? Yes \_\_\_ No \_X\_\_ (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 \_ X\_ No\_\_\_ (Attach a copy)

Related Enacted Ordinances? Yes \_\_\_ No\_X\_\_ Ord. # of Previous Ord. \_\_\_\_\_\_\_

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](mailto:_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](mailto:_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](mailto: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](mailto: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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