

LEGISLATIVE FACT SHEET

DATE: 10/10/2011

BT OR RC NUMBER: B.T. 12-014
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Office of the Sheriff

PURPOSE/SUMMARY: To appropriate \$2,539,000.75 in state grant funds with no local match to purchase equipment for the Jacksonville Sheriff's Office Call Center. The purchased equipment will replace outdated equipment as well as allow the Jacksonville Sheriff's Office to continue to operate on the State's Enhanced 911 System.

APPROPRIATION : Total Amount Appropriated: \$ 2,539,000.75 as follows:

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

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

Name of State Funding Source: FL Dept of Management Services Amount: \$ 2,539,000.75

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 <u>X</u>	
Federal or State Mandates	Yes ___	No <u>X</u>	
Fiscal Year Carryover?	Yes <u>X</u>	No ___	
CIP Amendment?	Yes ___	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___	No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <u>X</u>	
Oversight Department Required?	Yes ___	No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes <u>X</u>	No ___	(Attach a copy)
Waiver of Code?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No <u>X</u>	
Surplus Property Certification?	Yes ___	No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___	No <u>X</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes ___	No <u>X</u>	Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

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

CC: Chris Hand, Chief of Staff
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

**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)

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED