**LEGISLATIVE FACT SHEET**

**DATE:** 10.26.11

**BT ORRC NUMBER:** *( J ,QJ,* ***J***

(Administration Bills)

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

**PURPOSE/SUMMARY:** To appropriate $433,725 in federal funds with no local match to acquire identified equipment relevant to Explosive Ordinance Disposal/SWAT, Forensic Response Teams, Regional Security Teams, LETP Radiological Detection & Identification for Region 3 anti-terrorism operations. Grant Period October 1, 2010 through April30, 2013.

**APPROPRIATION:** Total Amount Appropriated: $433.725 as follows:

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

Name ofFederal Funding Source: U.S. Dept ofHomeland Security Amount: $ 4 !,.o3 3 ,7!....:2 5

Name of State 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 *\_K\_* Justification:. \_

Federal or State Mandates Yes No \_X\_

Fiscal Year Carryover? Yes \_X\_ No

CIP Amendment? Yes No *\_K\_*

Contract/Agreement (C/A) Approval Yes \_X\_ No

*CIA* negotiations on-going? Yes No \_X\_ Oversight Department Required? Yes No *\_K\_* Related RC?/BT? Yes \_X\_ No *\_K\_* WaiverofCode? Yes No \_X\_ Code Exception? Yes No \_X\_ Continuation Grant? Yes No \_X\_ Surplus Property Certification? Yes No\_X\_ Related Enacted Ordinances? Yes No \_X\_ Report Required to City CounciVCouncil Auditors

Yes No\_X\_

(Attach CIP form) (Attach a copy only)

Name ofDept.. \_ (Attach a copy)

(Identify Code Provision ----'

(Identify Code Provision

----'

(Attach a copy)

Ord. #of Previous Ord. -----

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 of Budget & Management Division, Office of the Sheriff

(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 of Budget & Management Division, Office of the Sheriff

(Name, Job Title, Department)

Phone: 630-2105 Fax: 630-2272 E-mail: Maxine.Person@jaxsherifforg

**COUNCIL MEMBER *I* INDEPENDENT AGENCY *I* 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 of Budget & Management Division, Office of the Sheriff

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

**FACT SHEET IS REQillRED BEFORE LEGISLATION IS INTRODUCED**