

LEGISLATIVE FACT SHEET

DATE: 12.05.11

BT OR RC NUMBER: 12-035
(Administration Bills)

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

PURPOSE/SUMMARY: To appropriate \$70,000 in federal funds with no local match for the Dual Authentication Project Grant. Grant ends September 30, 2012.

APPROPRIATION : Total Amount Appropriated: \$70,000 as follows:

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

Name of Federal Funding Source: U.S. Dept of Justice Amount: \$ 70,000

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 <u>X</u>	Justification: _____
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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 of Budget & Management Division, Office of the Sheriff
(Name, Job Title, Department)

Phone: 630-2105 Fax: 630-2272 E-mail: 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@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 of Budget & Management Division, Office of the Sheriff
(Name, Job Title, Department)

Phone: 630-2105 Fax: 630-2272 E-mail: 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 REQUIRED BEFORE LEGISLATION IS INTRODUCED