

LEGISLATIVE FACT SHEET

DATE: February 24, 2012

BT OR RC NUMBER: 12-049
(Administration Bills)

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

PURPOSE/SUMMARY: To appropriate \$72,798.00 in federal funds with no local match to the Jacksonville Sheriff's Office (sub-grantee) from the Florida Division of Emergency Management (fiduciary). Grant end date is April 30, 2014.

APPROPRIATION : Total Amount Appropriated: \$ 72,798.00 as follows:

(Name of Fund as it will appear in title of legislation) Other Federal, State & Local Grants

Name of Federal Funding Source: Dept. of Homeland Security Amount: \$ 72,798.00

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: _____
Federal or State Mandates	Yes ___	No <u>X</u>	
Fiscal Year Carryover?	Yes ___	No <u>X</u>	_____
CIP Amendment?	Yes ___	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u>	No ___	(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