

# LEGISLATIVE FACT SHEET

DATE: May 30, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:** To return \$5,156,731.00 in funds from savings in salary and salary related expenses to pay off JSO Banking Fund debt. The remaining balance of the savings used to offset the city's projected FY 2012-2013 budget gap.

**APPROPRIATION :** Total Amount Appropriated: \$ 5,156,731.00 as follows:

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

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

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

Name of City of Jax Funding Source: General Fund Amount: \$ 5,156,731.00

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 ___	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

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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 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

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

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**