

LEGISLATIVE FACT SHEET

DATE: 11/1/2012

BT OR RC NUMBER: _____
(Administration Bills)

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

PURPOSE/SUMMARY: The Office of the Sheriff, working collaboratively with the Council Auditor's Office, requests legislation to eliminate, from the Municipal Code, the Sheriff's Office Investigative Fund and ratify transfers to the Sheriff's Criminal Investigative Fund.

APPROPRIATION: Total Amount Appropriated: \$ 0 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: _____ 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 ___	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 ___	No <u>x</u>	(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 <u>x</u>	No ___	Ord. # of Previous Ord. 2005-527E

Report Required to City Council/Council Auditors

Yes ___ No_x__ 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 Division, Office of the Sheriff
(Name, Job Title, Department)

Phone: 904-630-2217 Fax: 904-630-2772 E-mail: Maxine.Person@jaxsheriff.org

Contact person: Maxine L. Person, Chief – Budget & Management Div. Office of the Sheriff
(Name, Job Title, Department)

Phone: 904-630-2217 Fax: 904-630-2772 E-mail: Maxine.Person@jaxsheriff.org

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED