

# LEGISLATIVE FACT SHEET

DATE: 10/22/2012 ~~10/29/2012~~

BT OR RC NUMBER: 13-009  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Teen Court

**PURPOSE/SUMMARY:** 3 Year Grant from SAMHSA-Substance Abuse-Mental Health Svcs Administration Dept of Health & Human Svcs to Teen Court Program.  
Grant Number: 1H79T1024146-01 Budget Period: 9/1/12 – 8/31/2013; Project Period: 9/01/2012-8/31/2015  
Program Director: Lawrence Hills

**APPROPRIATION:** Total Amount Appropriated: \$ 199,961.00 as follows:

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

Name of Federal Funding Source: SAMHSA Dept of Health & Human Svcs. Amount: \$199,961

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 <u>X</u> No ___	_____
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 <u>X</u> No ___	
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: Joseph Stelma, Court Administrator, Judicial Courts  
(Name, Job Title, Department)

Phone: 904-255-1002 Fax: \_\_\_\_\_ E-mail: jstelma@coj.net

Contact person: Pamela Trent, Budget, Judicial Courts  
(Name, Job Title, Department)

Phone: 904-255-1005 Fax: \_\_\_\_\_ E-mail: ptrent@coj.net

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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: Joseph Stelma, Court Administrator, Judicial Courts  
(Name, Job Title, Department)

Phone: 904-255-1002 Fax: \_\_\_\_\_ E-mail: jstelma@coj.net

Contact person: Pamela Trent, Budget, Judicial Courts  
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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**