

LEGISLATIVE FACT SHEET

DATE: 04/05/13

BT or RC No: BT 13-061
(Administration Bills)

SPONSOR: Special Services/ Behavioral & Human Services Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

The Arrest Grant was appropriated via TD 13-015/ 2012-433-E B1a. This grant enhances victim safety and offender accountability in cases of domestic violence, dating violence, sexual assault, stalking and increases the safety and security of domestic violence victims. The grant is utilized by the Behavioral and Human Services Division, the State Attorney's Office, the Court Administration and Hubbard House. This transfer will place the Court Administration's portion of the grant directly into own grant and grant detail. The previous TD reauthorized two FTEs and 3,900 part time hours. No RC is needed.

APPROPRIATION: Total Amount Appropriated: \$217,992.00 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: Intrafund Transfer Amount: \$217,992.00

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

There is no financial impact. The transfer is separating out the grant funds from one divisio and placing them into the Court Administration's own grant and detail.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Special Services/ Behavioral & Human Services</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Dr. Delphia Williams, Chief of Behavioral and Human Services
(Name, Job Title, Department)
Phone: 630-0830 E-mail: DelphiaW@coj.net

Contact Thelma Jackson
Person: (Name, Job Title, Department)
Phone: 630-7103 E-mail: Tjackson@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 630-4647 E-mail: psidman@coj.net

From: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

Contact _____
Person: (Name, Job Title, Department)
Phone: _____ E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

APR - 3 - 2003