

LEGISLATIVE FACT SHEET

2013-049

DATE: 05/15/13

BT or RC No: 13-072
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate \$48,500.00 in federal funds with no local match for specialty team critical needs and sustainment equipment purchases.

APPROPRIATION: Total Amount Appropriated: \$48,500.00 as follows:

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

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: State of Florida, Division of Emergency Management Amount: \$48,500.00

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

Empty box for impact information.

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"/> | <input type="text"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | (Attach a copy) |
| C/A Negotiations On-going? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Oversight Department Required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Name of Dept.: _____ |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Surplus Property Certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (Attach a copy) |
| Related Enacted Ordinances? | <input checked="" 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: Maxine L. Person - Chief of Budget & Management Division, Office of the She
(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: Maxine.Person@jaxsheriff.org

Contact Maxine L. Person - Chief of Budget & Management Division, Office of the She
Person: (Name, Job Title, Department)

Phone: 904-630-2217

E-mail: Maxine.Person@jaxsheriff.org

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: Maxine L. Person - Chief of Budget & Management Division, Office of the She
(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: Maxine.Person@jaxsheriff.org

Contact Maxine L. Person - Chief of Budget & Management Division, Office of the She
Person: (Name, Job Title, Department)

Phone: 904-630-2217

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED