

**LEGISLATIVE FACT SHEET** 2014-0235

DATE: 03.04.14

BT or RC No: 14-042  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Appropriation of \$189,050 from the Federal Forfeiture Trust Fund to provide funding for 190 Automatic Electronic Defibrillators.

APPROPRIATION: Total Amount Appropriated: \$ 189,050.00 as follows:

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

Name of Federal Funding Source: <u>Federal Forfeiture Trust Fund</u>	Amount:	<u>\$189,050.00</u>
Name of State Funding Source: _____	Amount:	_____
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:**

**ACTION ITEMS:**

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency:

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: \_\_\_\_\_  
(Attach a copy)

Identify Code: \_\_\_\_\_

Identify Code: \_\_\_\_\_

(Attach a copy)

Ordinance #: \_\_\_\_\_

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: William Clement - Chief of Budget & Management Division, Office of the Sheriff

(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@jaxsheriff.org

Contact William Clement - Chief of Budget & Management Division, Office of the Sheriff

Person: (Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@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](mailto:psidman@coj.net)

From: William Clement - Chief of Budget & Management Division, Office of the Sheriff

(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@jaxsheriff.org

Contact William Clement - Chief of Budget & Management Division, Office of the Sheriff

Person: (Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@jaxsheriff.org

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

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