

LEGISLATIVE FACT SHEET

2014-0273

DATE: 03/12/14

BT or RC No: 14-048
(Administration Bills)

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

PURPOSE/SUMMARY:

Appropriation of \$13,800 for Homeland Security Grant with no local match. Funding will cover the Foundations of Intelligence Analysis Training (FIAT) 5 day program.

APPROPRIATION: Total Amount Appropriated: \$13,800.00 as follows:

(Name of Fund as it will appear in title of legislation) _____
Name of Federal Funding Source: Homeland Security Grant Program Amount: \$13,800.00
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"/>	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 type="checkbox"/>	<input checked="" 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: 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

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)

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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