LEGISLATIVE FACT SHEET 2014-0299

DATE: 04/21/14			BT or RC No: \$114-055				
					nistration B		
SPONSOR:	Office of the Sherif	f					
or ondor.	Office of the offerin		nartman	t/Division/Agency/Co	uncil Meml	norl	
		(DC)	Jaranen	o Divisioni/Agency/Co	unch Monn	JOI)	
PURPOSE/SU							
process servers u appropriation will a standard contra	080,599.56.00 from the Sta utilized by the Office of the cover the period of 7/1/14 act with the State of Florida Department of Revenue C	Sheriff ai through (Departm	nd for se 3/30/19. nent of F	ervices of writs of atta To authorize the Ma Revenue for providing	achment in yor and Co	child support or rporation Secre	ases. This etary to execute
APPROPRIAT	TON: Total Amount A	Appropr	iated:	\$980	0,599.56	as follows:	
(Name of Fund as	s it will appear in title of leg	islation)					
Name of Federal	Funding Source:					Amount:	
Name of State Funding Source: Florida Department of Revenue					Amount:	\$980,599.56	
Name of City of Jax Funding Source:						Amount:	
Name of In-Kind Contribution:						Amount:	
Name of Bond Ac	•					Amount:	
Bond Account Nu						**************************************	
Dona Account Na	iiiioii.		······································				
IMPACT - FIN	ANICIAL / OTHER:						
	ANIONE / OTHER.			***************************************			
					and the second s		
ACTION ITEM	IS:	Yes	No				
Emergency?			X	Justification of Eme	ergency:		
Federal or St	tate Mandates?		X				
Fiscal Year (Carryover?	X					
CIP Amendm	nent?		X	(Attach CIP Form(s	s))		
Contract / Ag	greement (C/A) Approval?	X		(Attach a copy)			
C/A Negotiat	ions On-going?		X				
Oversight De	epartment Required?		X	Name of Dept.:			
Related RC/8	BT?	X		(Attach a copy)			
Waiver of Co	ode?		X	Identify Code:			
Code Except	tion?		X	Identify Code:		***************************************	
Continuation	of Grant?		X				
Surplus Prop	erty Certification?		Х	(Attach a copy)			
Related Enac	cted Ordinances?	X,		Ordinance #: 20	09-376		
	ired to City Council or		Х				
Council Aud	ditors?			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 Sh	neriff				
	(Name, Job Title, Department)					
	Phone: 904-630-2217 E-mail: William.Clement@jaxsheriff.org	3				
Contact	ct William Clement - Chief of Budget & Management Division, Office of the Sh	neriff				
Person:	n: (Name, Job Title, Department)					
	Phone: 904-630-2217 E-mail: William.Clement@jaxsheriff.org	3				
COUN	NCIL 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 Sh	neriff				
	(Name, Job Title, Department)					
	Phone: 904-630-2217 E-mail: William.Clement@jaxsheriff.org	9				
	ct William Clement - Chief of Budget & Management Division, Office of the Sh	neriff				
Person:	n: (Name, Job Title, Department)					
	Phone: 904-630-2217 E-mail: William.Clement@jaxsheriff.org	2				
	ation from Independent Agencies require a resolution from the Independent A ring the legislation.	gency Board				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

APPROV	ED BY:
	SBUDGET
	COMMITTEE
DATE	APR 2 1 2014