## LEGISLATIVE FACT SHEET 2014-0525

DATE:	06/25/14			BT	or RC No:	14-09.	3	
					ninistration B			
SPONSOR:	Parke Recreation	Comp	nunity	Santicae/ Socia	al Sanicae	Division/Vi	ctim Sanvicas	
or onson.	Parks, Recreation & Community Services/ Social Services Division/ Victim Services  (Department/Division/Agency/Council Member)							
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PURPOSE/SUMM	WARY:							
Appropriate revenue	funds within the Victim	Assistan	ce Servi	ces Trust Fund to	zero out any	deficits and ce	rtain subobjects	
	fiate financial assistance							
	ne victims are provided against them. Additiona							
	The Victim Services C							
	Refer to Ordinance 702							
APPROPRIATION: Total Amount Appropriated:						as follows:		
(Name of Fund as it v	will appear in title of legis	slation)						
Name of Federal Funding Source:						Amount:		
Name of State Funding Source:						Amount:		
Name of City of Jax Funding Source: Victim Assistance Services Trust					Amount:	\$49,697.56		
Name of In-Kind Contribution:					Amount:			
Name of Bond Acct:						Amount:		
Bond Account Numb								
IMPACT - FINAN	ICIAL / OTHER:							
Appropriating funds v	vill allow the division to	continue	its work	related to victims	of crimes. The	e FY14 budge	provided no	
funding related to the	purposes of this fund.	Without f	unding,	the division will no	t be able to a	ssist victims.		
ACTION ITEMS:		Yes	No					
Emergency?			Х	Justification of E	mergency:			
Federal or State	Mandates?		X					
Fiscal Year Carr	yover?	X						
CIP Amendment	1?		Х	(Attach CIP For	n(s))			
Contract / Agree	ment (C/A) Approval?		X	(Attach a copy)				
C/A Negotiations	s On-going?		Х					
Oversight Depar	tment Required?		Х	Name of Dept.:				
Related RC/BT?	•		Х	(Attach a copy)				
Waiver of Code	?		Х	Identify Code:				
Code Exception	?		X	Identify Code:				
Continuation of	Grant?		X					
Surplus Property	y Certification?		X	(Attach a copy)				
Related Enacted	d Ordinances?		Х	Ordinance #:		****		
	to City Council or		Х					
Council Audito	rs?			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:	Johnnetta Moore, Chief of Social Services Division, Parks, Rec & Comm Svc:  (Name, Job Title, Department)  Phone: E-mail: <u>JMoore@coj.net</u>						
	Diana Shreve, Accountant, Parks, Rec & Comm Svcs  (Name, Job Title, Department)  Phone: 630-4743 E-mail: dianas@coj.net						
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL						
То:	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:						
_	ion from Independent Agencies require a resolution from the Independent Agency Board						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED