

# LEGISLATIVE FACT SHEET 2014-0731

DATE: 09/11/14

BT or RC No: BT15-008  
(Administration Bills)

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

**PURPOSE/SUMMARY:**  
To appropriate \$33,900.00 in federal funds with no local match for specialty team equipment (SWAT Robot).

**APPROPRIATION:** Total Amount Appropriated: \$33,900.00 as follows:  
(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: _____	Amount: _____
Name of State Funding Source: <u>State of Florida, Division of Emergency Management</u>	Amount: <u>\$33,900.00</u>
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"/>	
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)

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**