LEGISLATIVE FACT SHEET 2015-001

DATE:	11/12/14	BPORRO NO: BT15 019						
				(Administration Bills)				
SPONSOR:	Office of the Sheriff							
or orroors.	Omoc or the Orioni		artment	/Division/Agency/Council Me	mber)			
		, ,		• .	•			
PURPOSE/SU		ith no lo	aal mata	sh for the IDEC Joh Davidon	er. Grant ends September 30,			
2015.	4,930.00 iii lederal lulius v			arior the SREC 300 Develop	er. Grant ends September 50,			
				\$24,956.0	··········			
•		•		Assistance Grant Public Sat				
	Funding Source: US Depart	tment of	Justice, E	Bureau of Justice Assistance	Amount: \$24,956	.00		
Name of State Funding Source:					Amount:			
Name of City of Ja	x Funding Source:	····			Amount:			
Name of In-Kind C	Contribution:				Amount:			
Name of Bond Acct:					Amount:			
Bond Account Nur	Bond Account Number:							
IMPACT - FINA	ANICIAL / OTHER:							
ACTION ITEM	S [.]	Yes	No					
Emergency?			X	Justification of Emergency:				
	ate Mandates?		X					
Fiscal Year C	arryover?	X						
CIP Amendm	ent?		X	(Attach CIP Form(s))				
Contract / Ag	reement (C/A) Approval?		X	(Attach a copy)				
C/A Negotiati	ons On-going?		X					
•	partment Required?		X	Name of Dept.:				
Related RC/E		X		(Attach a copy)				
Waiver of Co			X	Identify Code:		***************************************		
Code Excepti		 	X	Identify Code:				
Continuation		\vdash	X	(Attack a serve)				
•	erty Certification?	\vdash	X	(Attach a copy)				
	ted Ordinances? red to City Council or		$\frac{1}{x}$	Ordinance #:				
Council Aud	•			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:							
	(Name, Job Title, Department)						
	Phone:	E-mail:					
Contac	et						
Person	: (Name, Job Title, Department)						
	Phone:	E-mail:					
COU	NCIL MEMBER / INDEPENDEN	NT AGENCY / CONSTITUTIONAL OFFI	CER TRANSMITTAL				
То:	Peggy Sidman, Office of Gene Phone: 630-4647	eral Counsel, St. James Suite 480 E-mail: psidman@coj.net					
From:							
	(Name, Job Title, Department)		HALIFO DE STANDARDO CONTRACTOR SE ANTICO DE LA CONTRACTOR SE ANTICO DEL CONTRACTOR SE ANTICO DE LA CONTRACTOR SE ANTICONTRACTOR SE ANTICO DE LA CONTRACTOR SE ANTICO DE LA CONTRACTOR S				
	Phone:	E-mail:					
Contac	et						
Persor	i: (Name, Job Title, Department)		new Handing Andrew Spring Andrews Cale				
	Phone:	E-mail:					
_	ation from Independent Agencies	s require a resolution from the Independe					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED