

LEGISLATIVE FACT SHEET

2015-0012

DATE: 11/12/14

AC 15039
BT 15020
BT or RC No: BT 15020
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate \$53,650.00 in federal funds with no local match for the Fusion Center Analyst. Grant ends September 30, 2015.

APPROPRIATION: Total Amount Appropriated: \$53,650.00 as follows:

(Name of Fund as it will appear in title of legislation) Justice Assistance Grant Public Safety Analyst Project

Name of Federal Funding Source: US Department of Justice, Bureau of Justice Assistance Amount: \$53,650.00

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 - FINANICIAL / 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 type="checkbox"/> | <input checked="" 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: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

Contact _____
Person: (Name, Job Title, Department)
Phone: _____ E-mail: _____

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: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

Contact _____
Person: (Name, Job Title, Department)
Phone: _____ E-mail: _____

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED