

LEGISLATIVE FACT SHEET 2015-0515

DATE: 07/07/15

BT or RC No: BT15089
(Administration Bills)

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

PURPOSE/SUMMARY:

In accordance with Chapter 943.25 Florida Statutes, to appropriate funds and adopt the budget for the 2015-2016 fiscal year (07.01.15 - 06.30.16) for the Criminal Justice Training Trust Fund. These funds are to be used only for advanced and specialized training for law enforcement and correctional officers and for administrative costs as approved by the Criminal Justice Standards and Training Commission (CJSTC).

APPROPRIATION: Total Amount Appropriated: \$189,409.00 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>Florida Department of Law Enforcement</u>	Amount: <u>\$189,409.00</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 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: William J Clement - Chief of Budget & Management Division, Office of the Sh

(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@jaxsheriff.org

Contact William J Clement - Chief of Budget & Management Division, Office of the Sh

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 J Clement - Chief of Budget & Management Division, Office of the Sh

(Name, Job Title, Department)

Phone: 904-630-2217

E-mail: William.Clement@jaxsheriff.org

Contact William J Clement - Chief of Budget & Management Division, Office of the Sh

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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**

DATE JUL 13 2015