

## LEGISLATIVE FACT SHEET

DATE: 02/01/16

BT or RC No: BT16-046  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Legal request to appropriate \$500,000 from the Special Council Contingency Fund (out of Jacksonville Journey Funds) to the Sheriff's Office to fund additional resources in areas within the City of Jacksonville identified as hot spots for violent crime.

APPROPRIATION: Total Amount Appropriated: \$500,000.00 as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: Jax Journey (JXRS019CC Special Council Contingency) Amount: \$500,000.00

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

The goal of this appropriation of funds is to provide an immediate response by the Sheriff's office to address the current wave of violent crime by deploying additional resources in areas within the City of Jacksonville identified as hot spots for violent crime.

**ACTION ITEMS:**

	Yes	No
Emergency?	X	
Federal or State Mandates?		X
Fiscal Year Carryover?	X	
CIP Amendment?		X
Contract / Agreement (C/A) Approval?		X
C/A Negotiations On-going?		X
Oversight Department Required?		X
Related RC/BT?	X	
Waiver of Code?		X
Code Exception?		X
Continuation of Grant?		X
Surplus Property Certification?		X
Related Enacted Ordinances?		X
Report Required to City Council or Council Auditors?		X

Justification of Emergency:  
Emergency request by Mayor to move funding to allow Sheriff to deploy additional resources in violent crime areas.  
 (Attach CIP Form(s))  
 (Attach a copy)  
 Name of Dept.: \_\_\_\_\_  
 (Attach a copy)  
 Identify Code: \_\_\_\_\_  
 Identify Code: \_\_\_\_\_  
 (Attach a copy)  
 Ordinance #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From:             
          Kerri Stewart, Chief of Staff, Mayor's Office

(Name, Job Title, Department)

Phone:           904-630-1771          

E-mail:           [kerris@coj.net](mailto:kerris@coj.net)          

Contact             
          Dr. Charles E. Moreland, Director of Community Affairs, Mayor's office

Person: (Name, Job Title, Department)

Phone:           904-630-7215          

E-mail:           [cmoreland@coj.net](mailto:cmoreland@coj.net)          

**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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**