

LEGISLATIVE FACT SHEET

DATE: 05/20/16

BT or RC No: BT 16-087
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate grant funding, with no local match, in the amount of \$12,900.00 from the Florida Department of Law Enforcement under the Prison Rape Elimination Act (PREA). The grant period is 02/01/2016 through 09/30/2016.

APPROPRIATION: Total Amount Appropriated: \$12,900.00 as follows:

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

Name of Federal Funding Source:	<u>US Department of Justice</u>	Amount: <u>pass through</u>
Name of State Funding Source:	<u>Florida Department of Law Enforcement</u>	Amount: <u>\$12,900.00</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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>JSO Department of Corrections</u>
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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: William Clement, Chief - Budget & Management Division, Office of the Sheriff
(Name, Job Title, Department)
Phone: 630-2217 E-mail: william.clement@jaxsheriff.org

Contact William Clement, Chief - Budget & Management Division, Office of the Sheriff
Person: (Name, Job Title, Department)
Phone: 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 - Budget & Management Division, Office of the Sheriff
(Name, Job Title, Department)
Phone: 630-2217 E-mail: william.clement@jaxsheriff.org

Contact William Clement, Chief - Budget & Management Division, Office of the Sheriff
Person: (Name, Job Title, Department)
Phone: 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