

## LEGISLATIVE FACT SHEET

DATE: 07/25/16

BT or RC No: BT17-007  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

To appropriate \$81,638 within in the Domestic Battery Surcharge Trust Fund (FS 938.08) to establish the revenue and expenditure budget for FY 2016-2017. The funding being appropriated includes current available revenue (\$55,443) and anticipated FY17 revenue (\$26,195) from county court fines and interest income. Historically this fund collects approx. \$75,000 per year in county court fines. Funds are being placed in trust fund authorized expenditures line item.

APPROPRIATION: Total Amount Appropriated: \$81,638.00 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: <u>Domestic Battery Surcharge Trust Fund</u>	Amount: <u>\$81,638.00</u>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Office of the Sherrif</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](mailto: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](mailto: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](mailto: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](mailto:william.clement@jaxsheriff.org)

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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**