

LEGISLATIVE FACT SHEET

DATE: 07/18/16

BT or RC No: BT17-008
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate \$511,700 in subfund 64E to establish the FY 2016-2017 operating budget for the Federal Forfeitures Trust Fund. Funding will be added to computer equipment and specialized equipment.

APPROPRIATION: Total Amount Appropriated: \$511,700.00 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: Federal Forfeitures Trust Fund Amount: \$511,700.00

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 checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: <u>JSO Budget & Management Division</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"/>	(Attach a copy)
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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