

LEGISLATIVE FACT SHEET

DATE: 10/18/16

BT or RC No: RC17-040
BT17-027
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: William J. Clement

Provide Name: William J. Clement

Contact Number: 630-2217

Email Address: william.clement@jaxsheriff.org

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

This legislation is necessary to appropriate \$672,284.00 in grant funding, with no local match, from the U.S. Department of Justice for the Sexual Assault Kit Initiative (SAKI II). The grant will fund one (1) FTE Program Coordinator position and overtime hours for additional personnel including detectives, a detective sergeant, crime analysts, and police service technicians. The grant will also fund the purchase of specialized training/travel, computer hardware and software, and renovate the HVAC system at the Property and Evidence storage facility. The grant period is 10/01/2016 through 09/30/2019.

In 2015, with 1,726 untested Sexual Assault Kits circuit-wide, Jacksonville agencies applied for SAKI and the District Attorney of New York (DANY) Initiative. With the State Attorney's Office as the lead SAKI applicant and the Florida Department of Law Enforcement as the lead DANY applicant, our region was one of the few nationwide to receive funds for both projects. JSO will receive funds for two full-time SAKI cold case detectives from the FY15 award to work exclusively on the project (subcontract pending; legislation will be filed).

As the largest law enforcement agency in the circuit, with the majority of the untested kits, the JSO will submit over 1,000 kits in a 2-3 year period. On the flipside, the FY15 funds did not provide the JSO with other investigative resources that are necessary to ensure prompt and thorough investigation. The SAKI II funds provide additional investigative resources, along with other resources to ensure that sexual assault evidence is optimally stored and tracked.

APPROPRIATION: Total Amount Appropriated: \$672,284.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

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

Name of Federal Funding Source(s):	From: Department of Justice - 331 / 33123	Amount: \$672,284.00
	To: Fifteen expense line items within personal services, operating expenses, and capital outlay	Amount: \$672,284.00
Name of State Funding Source(s):	From:	Amount:
	To:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	To:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	To:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	To:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

This legislation is necessary to appropriate \$672,284.00 in grant funding, with no local match, from the U.S. Department of Justice for the Sexual Assault Kit Initiative (SAKI II). The grant will fund one (1) FTE Program Coordinator position and overtime hours for additional personnel including detectives, a detective sergeant, crime analysts, and police service technicians. The grant will also fund the purchase of specialized training/travel, computer hardware and software, and renovate the HVAC system at the Property and Evidence storage facility. The grant period is 10/01/2016 through 09/30/2019.

There may be ongoing software maintenance costs for the new software, the cost of which is undetermined at this time. The Program Coordinator position will not need to be retained after the grant period.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?</p> <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p>Oversight by JSO Department of Investigation & Homeland Security - Lt. Sharon Scott. Negotiations are finalized. OGC will review for execution.</p> </div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No


Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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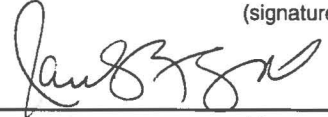
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: 
(signature)

Prepared By: 
(signature)

Date: 10/18/16

Date: 10/18/16

ADMINISTRATIVE TRANSMITTAL

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

Thru: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: William Clement, Chief - Budget & Management Division, Office of the Sheriff

Initiating Department Representative (Name, Job Title, Department)

Phone: 630-2217

E-mail: william.clement@jaxsheriff.org

Primary Contact :

William Clement, Chief - Budget & Management Division, Office of the Sheriff

(Name, Job Title, Department)

Phone: 630-2217

E-mail: william.clement@jaxsheriff.org

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

E-mail: psidman@coj.net

From: _____

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: _____

E-mail: _____

Primary Contact :

(Name, Job Title, Department)

Phone: _____

E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED