

## LEGISLATIVE FACT SHEET

DATE: 12/19/16

BT or RC No: RC17-080  
BT17-049  
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: William Clement

Provide Name: William Clement

Contact Number: 630-2217

Email Address: [william.clement@jaxsheriff.org](mailto: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.)

The Sexual Assault Kit Initiative (SAKI) seeks to reduce the number of unsubmitted sexual assault kits held in evidence, support the investigation and prosecution of these kits/cases, provide services to the victims, and examine policies that created the inventory.

In 2015 the State Attorney's Office, Fourth Judicial Circuit of Florida (SAO), was awarded SAKI funds. Under the SAO award, JSO has received a sub-award to fund two full-time cold-case detectives to work exclusively on the SAKI project.

This sub-award will provide salary and benefits for 2 full-time cold case detectives over three years.

APPROPRIATION: Total Amount Appropriated: \$883,518.00 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: US Dept of Justice	Amount: \$883,518.00
	To: Grant SHP136-1601: DOJ-Bureau of Justice Asst (FI) / Sexual Assault Kity Initiative (SAKI)	Amount: \$883,518.00
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.)

To appropriate \$883,518.00 in federal pass-through funds: US Dept. of Justice through the State Attorney's Office, Fourth Judicial Circuit of Florida. There is no local match. The funds will be used for the Sexual Assault Kit Initiative (SAKI), which seeks to reduce the number of unsubmitted sexual assault kits held in evidence, support the investigation and prosecution of these kits/cases, provide services to the victims, and examine policies that created the inventory. The grant period is 12/01/2015 through 09/30/2018. There will be no ongoing maintenance costs nor other staffing obligations.

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

<b>ACTION ITEMS:</b>	<b>Yes</b>	<b>No</b>	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Justification of Emergency:</b> If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Explanation:</b> If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Note:</b> If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Attachment:</b> 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><b>Attachment &amp; Explanation:</b> 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: 5px; margin-top: 10px;"> <p>Oversight by JSO Dept. of Investigations and Homeland Security - Sgt. Jake Devevo. Contract negotiations are complete, to be reviewed by OGC.</p> </div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Attachment:</b> If yes, attach appropriate RC/BT form(s). BT and RC attached.</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Code Reference:</b> 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: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Code Reference:</b> If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Code Reference:</b> 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: 30px; 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?       

**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?          
Reporting Requirements?       

**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: 12/19/16  
Date: 12/19/16

**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](mailto: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](mailto:william.clement@jaxsheriff.org)

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