## **LEGISLATIVE FACT SHEET**

DATE:	01/09/17	BT or RC No: BT 17-055			
		(Administration & City Council Bills)			
SPONSO	R:	Office of the Sheriff			
	(Depa	rtment/Division/Agency/Council Member)			
Contact fo	or all inquiries and presentations:	William Clement			
Provide N	ame:	William Clement			
Co	ontact Number:	630-2217			
Er	nail Address: william.cl	ement@jaxsheriff.org			
Research will	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 purpose of this legislation is to appropriate \$2,700,000.00 in funding from the City General Fund. The funds will be used to update the JSO network infrastructure, which is required in advance of implementation of the body camera project.					
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Name of Fund as it will appear in	provide Object and Subobject Numbers for each on title of legislation)		
lame of Federal Funding	From:	Amount:	
Source(s):	То:	Amount:	
Name of State Funding	From:	Amount:	
Source(s):	То:	Amount:	
Name of City of Jacksonville	From: General Fund	Amount:	\$2,700,000.00
Funding Source(s):	To: Sheriff's Office - Information Systems Management	Amount:	\$2,700,000.00
James of he Kind Combile Man(a)	From:	Amount:	
Name of In-Kind Contribution(s):	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	
unding for a specific time frame? 106 regarding funding of anticipal	PROPRIATION / FINANCIAL IMPACT / OTHER ming from, going to, how will the funds be used? Does the Will there be an ongoing maintenance? and staffing otted post-construction operation costs.	funding require	
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

Emergency?	X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State  Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.  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?
Related RC/BT? x Waiver of Code?	х	Attachment: If yes, attach appropriate RC/BT form(s). BT and RC attached.  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	x	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.

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 for a specific time frame and/or multigrant? Are there long-term implications for the Go	year? If multi-yea	
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).		
Reporting X	Explanation: List agencies (including City Counci frequency of reports, including when reports are continued contact name and telephone number) res	due. Provide Dep	partment
Division Chief:		Date:	01/09/17
Prepared By:	(signature)	Date:	01/09/17

## **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 & Ma	nagement Division, Office of the Sheriff	
	Initiating Department Representative (Nan	ne, Job Title, Department)	
	Phone: 630-2217	E-mail: william.clement@jaxsheriff.org	
Primary Contact	William Clement, Office - Budget & Management Division, Office of the Sherin		
:	(Name, Job Title, Department)		
	Phone: 630-2217	E-mail: william.clement@jaxsheriff.org	
CC:	Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelt	f Intergovernmental Affairs, Office of the Mayor on@coj.net	
COL	JNCIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
То:	Peggy Sidman, Office of General 6 Phone:904-630-4647	Counsel, St. James Suite 480 E-mail:	
From:			
	Initiating Council Member / Independent A	gency / Constitutional Officer	
	Phone:	E-mail:	
Primary			
Contact	(Name, Job Title, Department)		
1 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Phone:	E-mail:	
CC:		f Intergovernmental Affairs, Office of the Mayor on@coj.net	
approv Indepe	ation from Independent Agencies re ving the legislation. endent Agency Action Item: Yes Boards Action / Resolution?	No  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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