

LEGISLATIVE FACT SHEET

DATE: 02/15/17

BT or RC No: BT 17-077
(Administration & City Council Bills)

SPONSOR: Finance & Administration
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Angela Moyer/Teresa Eichner

Provide Name: Angela Moyer

Contact Number: 904-630-1259

Email Address: amoyer@coj.net

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 transfer will purchase the IBIS (Integrated Ballistic Identification System), which enables the sharing and comparison of significant quantities of exhibit information and images across a network of imaging sites, as well as the automated identification of likely matching bullets or cartridge cases. This equipment will be used by The Jacksonville Sheriff's Office Crime Lab.

The IBIS uses sophisticated electronic and optical technology to digitally compare evidence stored in the database. Initially, IBIS equipment photographs the surface of fired bullets and casings from crime scenes and laboratories. Upon entering a new image into the database, the system searches for a match by using advanced mathematical algorithms to correlate the new image against previously stored images. Using filters such as caliber, date of crime, date of entry and rifling specifications, the correlations produce a list of possible matches. A forensic examiner then visually compares the matched images on a computer monitor. If a possible match is found, the images are compared with actual evidence by the examiner on a microscope for a final determination. Once an identification is confirmed in association with at least two different crimes, a unique identifier is assigned for future reference to the image. This purchase is detrimental to the community because of the increase in gun violence across the city and this equipment will help in investigating crimes committed using firearms.

This transfer will be requested as a one-cycle emergency.

APPROPRIATION: Total Amount Appropriated \$250,000.00 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: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: Various - see attached BT	Amount: \$250,000.00
	To: Various - see attached BT	Amount: \$250,000.00
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.)

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

ACTION ITEMS:

Emergency? Yes No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

The nature of the emergency is to purchase the equipment as quickly as possible to allow the Jacksonville Sheriff's Office to internally process ballistics information and trace guns used in crimes to other crimes within days rather than the current process of submitting to FDLE and waiting for the evidence to be processed.

Federal or State Mandate? Yes No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

All-years funds

CIP Amendment?
Contract / Agreement Approval?

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?
Waiver of Code?

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

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

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 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?

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

Reporting Requirements?

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

Division Chief: _____
(signature)

Date: 2/22/17

Prepared By: Jeresa R. Eichner
(signature)

Date: 2/21/17

ADMINISTRATIVE TRANSMITTAL

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

Thru: Angela Moyer, Budget Officer, Finance & Administration

(Name, Job Title, Department)

Phone: 904-630-1259

E-mail: amoyer@coj.net

From: Teresa Eichner, CIP Administrator, Finance & Administration

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-630-7051

E-mail: teichner@coj.net

Primary Contact: Angela Moyer, Budget Officer, Finance & Administration

(Name, Job Title, Department)

Phone: 904-630-1259

E-mail: amoyer@coj.net

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