

LEGISLATIVE FACT SHEET

DATE: 07/10/17

BT or RC No: BT18-008

(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

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 funds required for the 2017-2018 fiscal year operating budget for the Inmate Welfare Trust Fund.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 17-18 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations of \$1,869,302.58 and a total of (\$359,592.71) in clean-up deappropriations itemized as follows:

- 1) \$112,238.82 net appropriation in various salary subobjects for employees whose duties directly relate to the trust fund -
 - \$116,745.27 appropriation to various salary subobjects
 - (\$4,506.45) net deappropriation (clean-up) to various salary subobjects
- 2) \$7,442.09 net appropriation in various benefits subobjects for employees whose duties directly relate to the trust fund -
 - \$43,399.31 appropriation to various benefits subobjects
 - (\$35,957.22) net deappropriation (clean-up) to various benefits subobjects
- 3) \$258.00 appropriation in "General Liability Insurance"
- 4) (\$148,803.06) net deappropriation (clean-up) in "Trust Fund Authorized Expenditures" -
 - \$153,000.00 appropriation for Admission packs, indigent packs, law library supplies, recreational equip, food trays, and other related items.
 - (\$301,803.06) deappropriation (clean-up) of previously approved projects
- 5) \$1,538,594.02 net appropriation in "Specialized Equipment" -
 - \$1,555,900.00 appropriation for food carts, contraband detection system, and security cameras for Montgomery Correctional Center and Community Transition Center
 - (\$17,305.98) deappropriation (clean-up) of previously approved projects

APPROPRIATION: Total Amount Appropriated: \$1,698,996.60 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): Inmate Welfare Trust Fund	From: Inmate Welfare Trust Fund - subfund 64A	Amount: \$1,698,996.60
	To: Inmate Welfare Trust Fund - subfund 64A	Amount: \$1,698,996.60
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.)

All funding will come from the Inmate Welfare Trust Fund and will go to the Inmate Welfare Trust Fund.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 17-18 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations of \$1,869,302.58 and a total of (\$359,592.71) in clean-up deappropriations itemized as follows:

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There are no requirements for a local match or additional staffing obligations.

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"/>		Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; padding: 5px;"> <p>Subfund 64A is an all years fund.</p> </div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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? <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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. <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?

<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"/>
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Attachment: If yes, attach appropriate form(s).


Reporting Requirements?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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)

Date: 07/10/17

Prepared By: 
(signature)

Date: 07/10/17

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 & 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

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