## **LEGISLATIVE FACT SHEET**

| DATE:  | 10/12/1   | 7 BT or RC No:   |
|--|---|--|
|  |   | (Administration & City Council Bills)  |
|  |   |  |
| SPONSO   | DR:   | Office of the Sheriff  |
|  | •   | (Department/Division/Agency/Council Member)  |
| Contact f  | or all inquiries and  | presentations: William Clement   |
| Provide I  | Name:   | William Clement  |
|  | Contact Number:   | 904-630-2217   |
|  | Email Address:  | william.clement@jaxsheriff.org   |
|  |   | this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council buncil introduced legislation and the Administration is responsible for all other legislation.  |
|  | n of 1 page   |  |
|  |   | SO) is seeking authorization to submit legislation necessary to amend Chapter 37 of the inges to Chapter 37 are necessary due to a planned reorganization of the JSO.  |
| efficiencies   | and to address span o   | onducted in-depth studies of its departments looking to both increase operational issues. The reorganization also looked at pending organizational changes ervices function as well as an increased partnership with the City's Information Technology                                   |
| <ul><li>The numb</li><li>The Chief</li><li>The Divis</li><li>A new Divis</li></ul> | per of authorized Assist<br>of Continuous Improve<br>ion of Health Services v | ecessitate the following changes to Chapter 37: ant Chiefs will be increased from 20 to 23 (Sec. 37.102 (b)) ment will be deleted (Sec. 37.104.1) rill be deleted (Sec. 37.107(c)(3)) nent of Corrections entitled Programs & Transitional Services (Sec. 37.107(c)(3)) r Division names |
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| APPROPRIATION: Total A               | mount Appropriated:                    | \$0.00  | as follows:          |
|--------------------------------------|--|---------|----------------------|
| List the source <u>name</u> and pro  | ovide Object and Subobject Numbers for | each ca | tegory listed below: |
| (Name of Fund as it will appear in t | itle of legislation)                   | W2W     |                      |
| Name of Federal Funding Source(s)    | From:                                  |         | Amount:              |
|                                      | То:                                    |         | Amount:              |
| Name of State Funding Source(s):     | From:                                  |         | Amount:              |
|                                      | то:                                    |         | Amount:              |
| Name of City of Jacksonville         | From:                                  |         | Amount:              |
| Funding Source(s):                   | То:                                    |         | Amount:              |
| Name of In-Kind Contribution(s):     | From:                                  | , w     | Amount:              |
| Name of In-Kind Contribution(s).     | To:                                    |         | Amount:              |
| Name & Number of Bond                | From:                                  |         | Amount:              |
| Account(s):                          | То:                                    |         | Amount:              |

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.)

| (Minimum of 350 words - Maximum of 1 page.)               |  |
|---|--|
| No additional funding will be required as par             | rt of this legislation.  |
|   |  |
|   |  |
| ACTION ITEMS: Purpose / Check l code provisions for each. | List. If "Yes" please provide detail by attaching justification, and                                     |
| ACTION ITEMS: Yes No Emergency? x                         | Justification of Emergency: If yes, explanation must include detailed nature of emergency.               |
| Federal or State  Mandate?                                | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. |
| Walldate:   |  |

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| Fiscal Year<br>Carryover?  | Note: If yes, note must include explanation of all-year subfund carryover language.  |
|--|--|
| 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? x   | Attachment: If yes, attach appropriate RC/BT form(s).  |
| Waiver of Code? x  | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.   |
|  |  |
| Code Exception? x  | 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: Pur justification, and code provisions for | pose / Check List. If "Yes" please provide detail by attaching 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?   |
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|  |  |
| Surplus Property   |  |
| Certification? ×   | Attachment: If yes, attach appropriate form(s).  |

| Reporting x Requirements? | Explanation: List agencies (including City Council / A and frequency of reports, including when reports are (include contact name and telephone number) response. | due. Provide Department |
|---------------------------|---|-------------------------|
|                           |   |                         |
|                           |   |                         |
|                           |   |                         |
|                           |   |                         |
| Division Chief:           | (signature)   | Date: 10/12/17          |
| Prepared By: [            | (signature)   | Date: 16/2/17           |

## **ADMINISTRATIVE TRANSMITTAL**

| To:   | MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325  |
|---|--|
| cc:   | Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor   |
| Thru:   | William Clement, Chief - Budget & Management Division, Office of the Sheriff   |
|   | (Name, Job Title, Department)  |
|   | Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org   |
| From:   | William Clement, Chief - Budget & Management Division, Office of the Sheriff   |
|   | Initiating Department Representative (Name, Job Title, Department)   |
|   | Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org   |
| Primary Contact:  | William Clement, Chief - Budget & Management Division, Office of the Sheriff Initiating Department Representative (Name, Job Title, Department)  |
|   | Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org   |
|   |  |
| CC:   | Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor   |
|   | 904-630-1825 E-mail: <u>akshelton@coj.net</u>  |
|   |  |
|   |  |
| COUN  | CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL   |
|   |  |
| То:   | Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net   |
|   | Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net   |
| To:<br>From:  | Phone: 904-630-4647 E-mail: psidman@coj.net  |
|   | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer   |
|   | Phone: 904-630-4647 E-mail: psidman@coj.net  |
| From: Primary   | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:   |
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| From: Primary   | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:   |
| From: Primary Contact:                                  | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  |
| From: Primary   | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor  |
| From: Primary Contact:                                  | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  |
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| From: Primary Contact: CC:                              | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:   (Name, Job Title, Department) Phone: E-mail:   Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board |
| From: Primary Contact: CC: Legislatic                   | Phone:   |
| From: Primary Contact: CC: Legislatic approvin Independ | Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:   (Name, Job Title, Department) Phone: E-mail:   Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board |

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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