

# LEGISLATIVE FACT SHEET

DATE: 01/29/18

BT or RC No: BT 18-052  
(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: 904-630-2217

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.

**Maximum of 1 page**

To appropriate \$89,000.00 from the Special Law Enforcement Trust Fund for:

- 1) Donations to the following organizations in accordance with F.S 932.7055(5): Jacksonville Brotherhood of Police Officers, Inc. (\$10,000.00), I.M. Sulzbacher Center for the Homeless, Inc. (\$42,000.00), and Florida Sheriff's Youth Ranch (\$1,000.00). These allocations support drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, or school resource officer program(s). This appropriation is for the 2017-2018 fiscal year, and the Jacksonville Sheriff's Office will be responsible for all administration requirements.
  
- 2) Reimbursement to the Jacksonville Sheriff's Office General Fund budget (\$36,000.00) for expenditures related to the Florida Contraband Forfeiture Act in accordance with F.S. 932.7055(4).

APPROPRIATION: Total Amount Appropriated: \$89,000.00 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: JSO-Special Law Enforcement Trust Fund	Amount: \$89,000.00
	To: JSO-Special Law Enforcement Trust Fund	Amount: \$89,000.00
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.)

The existing revenue balance within the Special law Enforcement Trust Fund (subfund 64A: SHPS64ABUSLE-TRSH02) will be used to increase Budgeted Revenues by \$89,000.00 (subobjects 361101 \$12,704.73 and 36602 \$76,295.27) and will increase the appropriation in subobjects 04904 Trust Fund Authorized Expenditures \$36,000.00 and 08201 Subsidies & Contributions to Private Organizations \$53,000.00. These allocations support drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, or school resource officer program(s). This appropriation is for the 2017-2018 fiscal year, and the Jacksonville Sheriff's Office will be responsible for all administration requirements.

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	<b>Yes</b>	<b>No</b>
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.

Fiscal Year Carryover?

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

64A is an all years fund

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?

Oversight by the JSO Budget Office; using pre-approved form contract. Only one contract is required: I.M. Sulzbacher Center for the Homeless, Inc.

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?

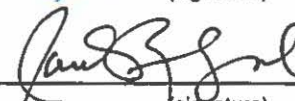
Attachment: If yes, attach appropriate form(s).

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 generating

Division Chief:   
(signature)

Date: 1/29/18

Prepared By:   
(signature)

Date: 1-29-18

**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](mailto: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](mailto: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](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**