

LEGISLATIVE FACT SHEET

DATE: 06/20/18

BT or RC No: BT 19-007
(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 2018-2019 fiscal year operating budget for the Inmate Welfare Trust Fund.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 18-19 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$1,169,755.03 itemized as follows:

- 1) \$157,792.93 in various salary subobjects for employees whose duties directly relate to the trust fund.
- 2) \$83,373.77 in various benefits subobjects for employees whose duties directly relate to the trust fund
- 3) \$258.00 appropriation in General Liability Insurance
- 4) \$782,730.33 appropriation for Admission packs, indigent packs, law library supplies, recreational equipment, and other related items as well as inmate tracking/records software.
- 5) \$145,600.00 appropriation in "Specialized Equipment" for various capital equipment items at Montgomery Correctional Facility, capital kitchen equipment at Community Transition Facility, and capital contraband detection equipment at Pre-Trial Detention Facility.

In addition to the appropriations above, the following deappropriations of residual expenditure balances are required:
04904 - Trust Fund Authorized Expenditures: \$33,591.47
06429 - Specialized Equipment: \$30,109.19

APPROPRIATION: Total Amount Appropriated: \$1,169,755.03 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: Inmate Welfare Trust Fund - subfund 64A	Amount: \$1,169,755.03
	To: Inmate Welfare Trust Fund - subfund 64A	Amount: \$1,169,755.03
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. The funding is from estimated FY 17-18 year-end revenue balances of \$16,704.95, deappropriation of residual expenditure account balances of \$63,700.66, and anticipated FY 18-19 revenues of \$1,089,349.42.

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In addition to the appropriations above, the following deappropriations of residual expenditure balances are required:

- 04904 - Trust Fund Authorized Expenditures: \$33,591.47
- 06429 - Specialized Equipment: \$30,109.19

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? Yes No

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

Federal or State Mandate? Yes No

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

Fiscal Year Carryover? Yes No

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

Subfund 64A is an all years fund.

CIP Amendment? Yes No

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval? Yes No

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? Yes No

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

Waiver of Code? Yes No

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

Code Exception? Yes No

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

Related Enacted Ordinances? Yes No

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?

<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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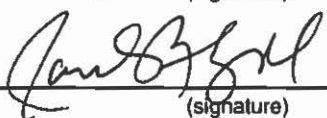
Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: _____


(signature)

Date: 06/20/18

Prepared By: _____


(signature)

Date: 06/20/18

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: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: JElsbury@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: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: JElsbury@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