## **LEGISLATIVE FACT SHEET**

DATE:	11/19/18	BT or RC No: BT19-038	
		(Administration & City Council Bills)	
SPONSOR:	<u> </u>	Office of the Sheriff	
	(D	epartment/Division/Agency/Council Member)	
Contact for a	all inquiries and presentations	William Clement	
Provide Nam	ie:	William Clement	
Conta	act Number:	630-2217	
Emai	l Address: william	n.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.)  The U.S. Department of Justice, Office of Victims of Crime has approved our application for funding under the FY18 Law Enforcement-Based Direct Victim Services (LEV) Program.  This legislation is necessary to appropriate grant funds of \$723,236.00 with no local match.  The Federal grant funds will:  1. Augment IT staff to assist with tracking services and assistance provided to witnesses and victims of crime.  2. Hire a program manager and an additional Victim Advocate to serve additional witnesses and victims of crime.  3. Provide travel for two JSO staff members to attend Victims Services Practitioner Designation and other related training both local and long-distance.  4. Provide emergency assistance to witnesses and victims of crime including: relocation assistance, asset recovery expenses, and information on other services that may be available through network partners.			

Page 1 of 5

<b>APPROPRIATION:</b>	<b>Total Amount Appropriated:</b>	
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\$723,236.00

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	From:	U.S. Deptartment of Justice, Office of Justice Programs	Amount:	\$723,236.00
Source(s):	То:	U.S. Department of Justice/Office of Victims of Crime / Law Enforcement - Based Direct Victim Services	Amount:	\$723,236.00
Name of State Funding	From:		Amount:	
Source(s):	То:		Amount:	
Name of City of Jacksonville	From:		Amount:	
Funding Source(s):	То:		Amount:	
Name of In Kind Contribution(a):	From:		Amount:	
Name of In-Kind Contribution(s):	То:		Amount:	
Name & Number of Bond	From:		Amount:	
Account(s):	То:		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 U.S. Department of Justice, Office of Victims of Crime has approved our application for funding under the FY18 Law Enforcement-Based Direct Victim Services (LEV) Program.

The Federal grant funds will:

- 1. Augment IT staff to assist with tracking services and assistance provided to witnesses and victims of crime.
- 2. Hire a program manager and am additional Victim Advocate to serve additional witnesses and victims of crime.
- Provide travel for two JSO staff members to attend Victims Services Practitioner Designation and other related training both local and long-distance.
- 4. Provide emergency assistance to witnesses and victims of crime including: relocation assistance, asset recovery expenses, and information on other services that may be available through network partners.

No on-going maintenance costs are expected.

Rev	8/2/2016	(CI R	RM

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

ACTION ITEMS: Yes	No	
Emergency?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
		Subfund IF7 is all-years
CIP Amendment?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-
Contract / Agracment	37-34	year amendment.  Attachment & Explanation: If yes, attach the Contract / Agreement and name of
Contract / Agreement Approval?	X	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?	х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
	And Same Indian St	
Code Exception?	X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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?	x	Explanation: How will the funds be used? Does the fur the funding for a specific time frame and/or multi-year? grant? Are there long-term implications for the General	If multi-yea	
			No.	
Surplus Property Certification? Reporting Requirements?	x	Attachment: If yes, attach appropriate form(s).  Explanation: List agencies (including City Council / Aucand frequency of reports, including when reports are du (include contact name and telephone number) responsi	e. Provide	Department
			<u> </u>	. J
Division Chief:		(signature)	Date:	11/19/18
Prepared By:	M.J	( far)	Date:	11/19/18
100	/ '	(signature)		

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone:	E-mail:	
From:		nagement Division, Office of the Sheriff	
	Initiating Department Representative (Nan		
	Phone: 904-630-2217	E-mail: william.clement@jaxsheriff.org	
Primary Contact	William Clement, Chief - budget & Wa	nagement Division, Office of the Sheriff	
:	(Name, Job Title, Department)		
	Phone: 904-630-2217	E-mail: william.clement@jaxsheriff.org	
CC:	Jordan Elsbury, Intergovernmental	Affairs liaison, Office of the Mayor	
	Phone: 904-630-1825	E-mail: JElsbury@coj.net	
COU	INCIL 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	
From:			
	Initiating Council Member / Independent A	agency / Constitutional Officer	
	Phone:	E-mail:	
Primary			
Contact .	(Name, Job Title, Department)		
•	Phone:	E-mail:	
CC:	Jordan Elsburv. Intergovernmenta	I Affairs liaison, Office of the Mayor	
. T. T. O	Phone: 904-630-1825	E-mail: JElsbury@coj.net	
	7.0		
Legisla	ation from Independent Agencies re	equires a resolution from the Independent Agency Board	
_	ring the legislation.	quilloo a roosiansii iloiii alo iliaspellasiii. Igellej =	
	endent 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

Page 5 of 5 Rev. 8/2/2016 (CLB RM)