

## LEGISLATIVE FACT SHEET

DATE: 12/17/18

BT or RC No: BT19-052 / RC19-059

(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](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.

(Minimum of 350 words - Maximum of 1 page.)

This legislation is necessary to appropriate \$393,272 from the U.S. Department of Homeland Security/FEMA via pass-through from the Florida Division of Emergency Management.

The grant period is from 09/01/2018 through 08/31/2020.

The funds will be used to hire a Public Safety Analyst, travel expense, repairs and maintenance, clothing, uniforms & safety equipment, employee training and purchase specialized equipment for JSO, which include:

- 1) Personal Protective Equipment:
  - a) (20) CBRN Suit, Lion Suit CMT-10
  - b) (24) SCBA Cylinders
  - c) (1) SCBA POSI Check
  - d) (15) CBRNE Protection Suits
  - e) (1) Ballistic Shield
  - f) (3) Ballistic Helmets
  - g) (3) Ballistic Flotation Vest
- 2) Explosive device mitigation and remediation equipment:
  - a) (1) Bomb Suit
  - b) (1) Tactical Portable X-Ray Generator
  - c) (1) Tactical Portable X-Ray System
- 3) CBRNE operational search and rescue equipment:
  - a) (2) Helmet Mounted Night Vision Goggles
- 4) Detection Equipment
  - a) (1) Chemical/Explosive Analyzer

This grant was included on the FY19 schedule B1a but did not include the FTE.

**APPROPRIATION: Total Amount Appropriated: \$393,272.00 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: US DEPT OF HOMELAND SECURITY -331510	Amount: \$393,272.00
	To: PERMANENT AND PROBATIONARY SALARIES, TRAVEL EXPENSE, REPAIRS AND MAINTENANCE, CLOTHING, UNIFORMS, & SAFETY EQUIPMENT, EMPLOYEE TRAINING, and SPECIALIZED EQUIPMENT - 01201, 04002, 04603, 05204, 05401, & 06429	Amount: \$393,272.00
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
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.)

This legislation appropriates \$393,272.00 of revenue within the Jacksonville Sheriff's Office Grants subfund for the Homeland Security Grant Program and an equal amount of expenditures in the same subfund for:

- 1) Permanent and probationary salaries for one FTE - \$55,000,
- 2) Travel Expenses - \$2,500,
- 3) Repair and Maintenance - \$5,000.
  - (1) SCBA POSI Check
- 4) Clothing, Uniforms, & Safety Equipment - \$2,082,
  - (3) Ballistic Helmets
- 5) Employee Training - \$500,
- 6) Specialized Equipment - \$328,190.
  - (20) CBRN Suit, Lion Suit CMT-10
  - (24) SCBA Cylinders
  - (15) CBRNE Protection Suits
  - (1) Ballistic Shield
  - (3) Ballistic Flotation Vest
  - (1) Bomb Suit
  - (1) Tactical Portable X-Ray Generator
  - (1) Tactical Portable X-Ray System
  - (2) Helmet Mounted Night Vision Goggles
  - (1) Chemical/Explosive Analyzer

This grant was included on the FY19 schedule B1a but did not include the FTE.

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

**ACTION ITEMS: Yes No**

Emergency?

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.

Fiscal Year Carryover?

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

1F7 is an "ALL YEARS" Subfund

CIP Amendment?

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

Contract / Agreement Approval?

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: JSO Department of Investigations and Homeland Security - Nancy Wilson. Negotiations are finalized. OGC will review.

Related RC/BT?

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

Waiver of Code?

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 reports.

Division Chief:   
(signature)

Date: 12/17/18

Prepared By:   
(signature)

Date: 12/17/18

**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: 904-630-2217

E-mail: william.clement@jaxsheriff.org

Primary Contact

William Clement, Chief - Budget & Management Division, Office of the Sheriff

(Name, Job Title, Department)

Phone: 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

**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, Intergovernmental Affairs liaison, Office of the Mayor

Phone: 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**