

# LEGISLATIVE FACT SHEET

DATE: June 28, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Special Services/Behavioral and Human Services/SARC Program

## PURPOSE/SUMMARY:

Victims of sexual assault require assistance that necessitates specialized training and skill. The Behavioral and Human Services Division's Sexual Assault Response Center (SARC) meets this need. Military installations within the area of responsibility use the SARC to provide the specialized services not otherwise available and eliminate duplication of services. The Memorandum of Understanding provides for an effective agreement that meets the needs and expectations of victims, as well as the requirements and responsibilities of the civilian and military communities.

APPROPRIATION: Total Amount Appropriated: \$ 0 as follows:

(Name of Fund as it will appear in title of legislation) Sexual Assault Response Center (SARC)

Name of Federal Funding Source: N/A Amount: \$ 0

Name of State Funding Source: N/A Amount: \$ 0

Name of City of Jax Funding Source: N/A Amount: \$ 0

Name of In-Kind Contribution Source: N/A Amount: \$ 0

Name of Bond Acct N/A Amount: \$ 0

Number N/A

## IMPACT - FINANCIAL/OTHER:

### ACTION ITEMS:

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	_____
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes <u>X</u> No ___	Name of Dept. <u>Special Services</u>
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)

Continuation Grant? Yes \_\_\_ No X  
Surplus Property Certification? Yes \_\_\_ No X (Attach a copy)  
Related Enacted Ordinances? Yes \_\_\_ No X Ord. # of Previous Ord. \_\_\_\_\_  
Report Required to City Council/Council Auditors  
Yes \_\_\_ No X Date \_\_\_\_\_ Frequency \_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Dr. Delphia Williams, Chief, Behavioral and Human Services Division  
(Name, Job Title, Department)

Phone: 630-0844 Fax: 630-8589 E-mail: delphiaw@coj.net

Contact person: John Braun, BHS Manager, Behavioral and Human Services Division  
(Name, Job Title, Department)

Phone: 588-0204 Fax: 630-6311 E-mail: jbrown@coj.net

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**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**