LEGISLATIVE FACT SHEET 2013-0715

DATE: 09/25/13		_	BT or RC No: BT 14-006
			(Administration Bills)
SPONSOR: Judicial Courts - A	dult C	Orug Co	ourt
			ent/Division/Agency/Council Member)
PURPOSE/SUMMARY:			
adequately treat the program participants.	s and ∈ It is a c	expand ti o-hort he	s was a one time award to be used over a 3-year period to ne Aduit Drug Court to provide intensive Mental Health Svcs to otween SAMSHA-Substance Abuse and Mental Health Admin. Justice, Bureau of Justice Assistance (BJA).
APPROPRIATION: Total Amount	Appro	priated	: \$299,992.00 as follows:
(Name of Fund as it will appear in title of leg	gislatio	n) Dept	of Justice/Bureau of Justice Assistance (BJA) Grant
Name of Federal Funding Source: Departm	ent of J	ustice/Off	ice of Justice Programs Amount: \$299,992.00
Name of State Funding Source:			Amount:
Name of City of Jax Funding Source:			
Name of the Wind O - 1-15-11			
Name of Bond Acct:	Amount:		
Bond Account Number:			Amount:
Solid Account Mulliper.			
MBACT EINANICIAL (CTUED			
IMPACT - FINANICIAL / OTHER:			
Reduce substance abuse, Increase safety a offender's likelihood of successful rehabilita	nd red	uce crimi	inal recidivism in Duval and Clay counties to increase
	tion.		
ACTION ITEMS:	Yes	No	
Emergency?	Х		Justification of Emergency:
			This grant was missed on the B1 Schedule and it is the last year of
Federal or State Mandates?		X	a 3-year continuation grant for Adult Drug Court. There are clients at the end of their substance abuse and mental health treatment.
Fiscal Year Carryover?	×	X	Need funds appropriated so that services are continued and not delayed.
CIP Amendment?	\vdash	X	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	X	1	(Attach a copy)
C/A Negotiations On-going?		X	(maon a copy)
Oversight Department Required?		X	Name of Dept.:
Related RC/BT?	X		(Attach a copy)
Waiver of Code?		Х	identify Code:
Code Exception?		X	Identify Code:
Continuation of Grant?	X		
Surplus Property Certification?		X	(Attach a copy)
Related Enacted Ordinances?	X		Ordinance #: 2012-90
Report Required to City Council or Council Auditors?		X	Date:

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chail, Budget Office, St. James Suite 325				
Cc:	Chris Hand, Chief of Staff, Office of the Mayor				
From:	(Name, Job	elma, Jr. Trial Cour Title, Department) 255-1001			
Contac					
Contact Pamela Trent, Court Administration Person: (Name, Job Title, Department)					
		255-1005	E-mail: ptrent@coj.net		

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
To:			eral Counsel, St. James Suite 480		
	Phone:	630-4647	E-mail: psidman@coj.net		
From:	: Joseph Stelma, Jr. Trial Court Administrator				
	(Name, Job T	itle, Department)			
	Phone:	255-1001	E-mail: jstelma@coj.net		
Contact	Pamela Tre	ent, Court Administr	ration		
		itle, Department)			
	Phone:	255-1005	E-mail: ptrent@coj.net		
Legislat approvir	ion from Ind ng the legisl	lependent Agencies ation.	require a resolution from the Independent Agency Board		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED