

# LEGISLATIVE FACT SHEET 2014-0008

DATE: 11/21/13

BT or RC No: 14-020  
(Administration Bills)

SPONSOR: Jacksonville Journey Oversight Committee  
(Department/Division/Agency/Council Member)

## PURPOSE/SUMMARY:

The purpose of this transfer is to increase the number of first-time juvenile offenders able to participate in the Teen Court and Neighborhood Accountability Board diversion programs as an alternative to arrest and detention for misdemeanor violations of the law. The money will be used to hire two part-time hire two contracted employees to assist in assessing, monitoring and documenting cases referred to Teen Court (Court Administration, 4th Judicial Circuit).

APPROPRIATION: Total Amount Appropriated: \$55,568.00 as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: Ex-Offender Training / Re-Entry Amount: \$55,568.00

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

## IMPACT - FINANCIAL / OTHER:

None. This funding is earmarked for Ex-Offender Training, and everyone in the program must admit guilt to their crimes in order to participate in it. This program will save money in the long run with each successful participant.

## ACTION ITEMS:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| Emergency?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Federal or State Mandates?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Fiscal Year Carryover?                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| CIP Amendment?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Contract / Agreement (C/A) Approval?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| C/A Negotiations On-going?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Oversight Department Required?                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Related RC/BT?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waiver of Code?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Code Exception?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Continuation of Grant?                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Surplus Property Certification?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Related Enacted Ordinances?                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Report Required to City Council or Council Auditors? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Justification of Emergency:

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: \_\_\_\_\_

(Attach a copy)

Identify Code: \_\_\_\_\_

Identify Code: \_\_\_\_\_

(Attach a copy)

Ordinance #: \_\_\_\_\_

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Dave Roman, Senior Policy Advisor, Office of the Mayor

(Name, Job Title, Department)

Phone: 630-7306

E-mail: droman@coj.net

Contact Dave Roman, Senior Policy Advisor, Office of the Mayor

Person: (Name, Job Title, Department)

Phone: 630-7306

E-mail: droman@coj.net

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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