

LEGISLATIVE FACT SHEET

DATE: 04/15/19

BT or RC No: BT19-090
(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

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 Justice Programs has approved our application for funding under the Bureau of Justice Assistance (BJA) FY 18 Justice and Mental Health Collaboration Program.

This legislation is necessary to appropriate grant funds of \$81,680.00 and a local in-kind match of \$20,420.00 for a total of \$102,100.00.

The Federal grant funds will cover:

1. The cost of travel for two JSO staff members to attend two peer-to-peer trainings.
2. To augment IT staff to assist with increasing our capacity to track calls for service and their dispositions specifically relating to individuals with mental illness and co-occurring mental illness and substance abuse.
3. Subaward funds to LSF Health Systems, which include:
 - a. The cost of travel of two LSF Health Systems staff members to one peer-to-peer training.
 - b. Assist with the facilitation of interagency workgroup meetings, coordination of interagency linkages, and the development of the Planning Guide.

JSO will monitor the subrecipient in accordance with City of Jacksonville policies

The local in-kind match will be from the salaries and benefits of an Assistant Chief who will serve as the Project Coordinator, we expect that the employee will spend 10% of their time on the project.

APPROPRIATION: Total Amount Appropriated: \$102,100.00 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: U.S. Department Justice, Office of Justice Programs	Amount: \$81,680.00
	To: Travel and Specialized Equipment	Amount: \$81,680.00
Name of State Funding Source(s):	From:	Amount:
	To:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	To:	Amount:
Name of In-Kind Contribution(s):	From: GENERAL SERVICE DISTRICT - 011 / SHPO011CAAP	Amount: \$20,420.00
	To: PERSONAL SERVICES / 010	Amount: \$20,420.00
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 is necessary to appropriate grant funds of \$81,680.00 and a local in-kind match of \$20,420.00 for a total of \$102,100.00. The grant period is January 1, 2019 through December 31, 2020.

The Federal grant funds will cover:

1. The cost of travel for two JSO staff members to attend two peer-to-peer trainings.
2. The hiring of external programmers to assist with increasing our capacity to track calls for service and their dispositions specifically relating to MI and CMISA individuals.
3. Subaward funds to LSF Health Systems, which include:
 - a. The cost of travel of two LSF Health Systems staff members to one peer-to-peer training.
 - b. Assist with the facilitation of interagency workgroup meetings, coordination of interagency linkages, and the development of the Planning Guide.

JSO will monitor the subrecipient in accordance with City of Jacksonville policies

The local in-kind match will be from the salaries and benefits of an Assistant Chief who will serve as the Project Coordinator, we expect that the employee will spend 10% of their time on the project.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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?</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Oversight provided by Assistant Chief L. Burton with the Patrol and Enforcement Division of the Jacksonville Sheriff's Office. The award documents are final with no negotiation. OGC will review. The sub-recipient agreement is attached and will be processed through OGC before any funds are expended.</p> </div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

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?
Reporting Requirements?

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

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)

Prepared By: 
(signature)

Date: 04/15/19

Date: 04/15/19

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