

# LEGISLATIVE FACT SHEET

DATE: 03/03/23

BT or RC No: BT 23-073  
(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: 904-630-2217

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 \$135,000.00 in the Special Law Enforcement Trust Fund:  
 1) \$125,000 for a Mental Health Offender Pilot Program from the Office of the Sheriff Special Law Enforcement Trust Fund to fund a jail diversion program for the mentally ill offenders to be operated by the I.M. Sulzbacher Center.  
 2) \$10,000 for donations to the following organizations in accordance with F.S. 932.7055(5): The Florida FBI National Academy Associates, Inc. This allocation supports drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, school resource officer program(s) or for other law enforcement purposes outside of normal operating expenses.

APPROPRIATION: Total Amount Appropriated \$135,000.00 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: _____	Amount: _____	
	To: _____	Amount: _____	
Name of City of Jacksonville Funding	From: <u>JSO-Special Law Enforcement Trust Fund</u>	Amount: <u>\$135,000.00</u>	
	To: <u>JSO-Special Law Enforcement Trust Fund</u>	Amount: <u>\$135,000.00</u>	
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.)

All funding will come from the Special Law Enforcement Trust Fund:.

This legislation is necessary to appropriate \$135,000.00 in the Special Law Enforcement Trust Fund:  
 1) \$125,000 for a Mental Health Offender Pilot Program from the Office of the Sheriff Special Law Enforcement Trust Fund to fund a jail diversion program for the mentally ill offenders to be operated by the I.M. Sulzbacher Center.  
 2) \$10,000 for donations to the following organizations in accordance with F.S. 932.7055(5): The Florida FBI National Academy Associates, Inc. This allocation supports drug treatment, drug abuse education, drug prevention, crime prevention, safe neighborhood, school resource officer program(s) or for other law enforcement purposes outside of normal operating expenses.

There are no requirements for a local match or additional staffing obligations

**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"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <input type="text"/>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <input type="text"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language.  11522 (FAMIS Fund 64A) is an all years fund
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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? <input type="text"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
			<input type="text"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
			<input type="text"/>

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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
			<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Division Chief:   
(signature)

Date: 3/8/2023

Prepared By:   
(signature)

Date: 3/8/2023

**ADMINISTRATIVE TRANSMITTAL**

**To:** MBRC, c/o the Budget Office, St. James Suite 325

**Thru:** Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)  
 Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

**From:** Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Initiating Department Representative (Name, Job Title, Department)  
 Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

**Primary Contact:** Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)  
 Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

**CC:** Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
 Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

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

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480  
Phone: 904-255-5062 E-mail: [mstaff@coj.net](mailto:mstaff@coj.net)

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@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**