## **LEGISLATIVE FACT SHEET**

DATE:	02/01/23		BT or RC No	: BT 23	-050	
			(Administration & City C	ouncil Bills)		
SPONS	OR: Office	of the Sheriff				
			(Department/Division/Agency/Council Me	mber)		
Contact	for all inquiries	and presentat	tionsWilliam Cle	ment		
Provide	Name:					
Contact Number: 630-2217						
	Email Address	: william.cle	ement@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 Florida Department of Management Services has approved the City of Jacksonville/Jacksonville Sherift's Office's (COJ/JSO) application for financial assistance submitted under the Prepaid Next Generation 911 (NG911) State Grant Program in the amount of \$814,375. These funds will be used to establish the Next Generation 911 (NG-911 Routing Project, and will cover expenses for implementation and software licenses/support for the cloud based Region 3 GIS Repository.						
APPROPRIATION: Total Amount Appropriated \$814,375.00 as follows:  List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:  (Name of Fund as it will appear in title of legislation)						
Nam	e of Federal Fundir	ng From:		_ Amount:		
	Source(s):	To:		Amount:		
Name of S	State Funding Sour	ce(s):	Florida Department of Management Services/Gentributions from State - 334100	Amount:	\$814,375.00	
		· · · · · · · · · · · · · · · · · · ·	Hardware-Software Maintenance & Licens <b>é</b> s - 546620	Amount:	\$814,375.00	
	City of Jacksonville	From:		_ Amount:		
Funding 8	ource(s):	То:		Amount:		
Name of I	n-Kind Contribution	n(s):		_ Amount:		
		To:		Amount:		
	Number of Bond	From:		Amount:		
Account(s	); 	To:		Amount:		

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Page 1 of 4 Rev. 8/2/2016 (CLB RM)

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.)

The Florida Department of Management Services has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the Prepaid Next Generation 911 (NG911) State Grant Program in the amount of \$814,375. These funds will be used to establish the Next Generation 911 (NG-911 Routing Project, and will cover expenses for development, implementation and software licenses/support for the Region 3 GIS Repository.

This legislation is necessary to appropriate the grant award from the Florida Department of Management Services with no local match for the grant period of date of contract execution to January 18th, 2028 (end date may change based upon contract execution date).

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

ACTION ITEMS: Yes No Emergency?	lo (	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State  Mandate?	<	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	<	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement	<	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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?
		Jacksonville Sheriff's Office 911 Administration, Phyllis Leonard, 911 Emergency Telephone Systems Manager. Negotiations are complete. Contract will be submitted to OGC for review prior to the introduction of legislation.
Related RC/BT? X Waiver of Code? X	<	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception? x	<	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	<	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.

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

ACTION	ITEMS:	Yes	No			
Co	ontinuation o Grant'		x	Is the funding for a	will the funds be used? Does to specific time frame and/or mul- there long-term implications fo	ti-year? If multi-year, note
,	plus Property Certification' Reporting equirements'	? g	x	Explanation: List a and frequency of re	attach appropriate form(s). gencies (including City Council ports, including when reports a me and telephone number) res	are due. Provide Department
Division Chief:  (signature)  Date: 2/1/27  Date: 2/1/27  Date: 2/1/27						
			<u>AD</u>	MINISTRATIVE	TRANSMITTAL	
То:	MBRC, c/o	the Bud	iget Of	fice, St. James S	uite 325	
Thru:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  (Name, Job Title, Department)  Phone: 255-5006 E-mail: rachelz@coj.net					
From:	Initiating Depa	rtment Re	epresenta	ative (Name, Job Tit	offairs, Office of the Mayor e, Department)	
Primary	Phone:	255-50 ner, Direc		E-mail: atergovernmental A	rachelz@coj.net	
Contact:	(Name, Job Ti			<u> </u>	,	
	Phone:	255-50	•	E-mail:	rachelz@coj.net	
CC:	Rachel Zimm	ner, Direc	tor of In	itergovernmental A	offairs, Office of the Mayor	55
	Phone:	255-50	006	E-mail:	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: j	mstaff@coj.net				
From:								
	Initiating Co	ouncil Member / Independe	ent Agency / (	nt 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				
	_	- 1	_					
approving Independ	g the legis dent Agen	•	s No	resolution from the Independent Agency Board  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED