LEGISLATIVE FACT SHEET

DATE:	02/05/19	BT or RC No: B 719-0 91 BT19-
		(Administration & City Council Bills)
SPONSOR:	Judicial Courts	
	(Departm	ent/Division/Agency/Council Member)
Contact for all i	nquiries and presentations:	
Provide Name:	Charles Patterson	
Contac	ct Number: <u>904-255-1009</u>	
Email .	Address: <u>cpatterson@coj.net</u>	
Research will complet		/? Provide; Who, What, When, Where, How and the Impact.) Council and the Administration is responsible for all other legislation.
To assist the Courts contract attorneys to Rules of Criminal P	s in disposing of 3.850 cases as manda o support the courts Judicial Staff Attor	ted by the District Court of Appeal. The funds will be used to hire neys in expediting these cases. Post Conviction Relief - Florida dants seeking to vacate or set aside a sentence. The Fourth es per the mandate.
		2:

- -	ovide Object and Subobject Numbers for each	• •	
(Name of Fund as it will appear in t	ittle of legislation)		
Name of Federal Funding Source(s):	From:	Amount:	
	То:	Amount:	
		A	
Name of State Funding Source(s):	From:	Amount:	
	То:	Amount:	
	Court Costs \$65 Fee F. S. 939.185 Subfund 1S1 -	A t-	\$30,000.00
Name of City of Jacksonville Funding Source(s):	From: Fund Balance Court Costs \$65 Fee F. S. 939.185 Subfund 1S1 -	Amount:	
	To: Judicial Support - Professional Services	Amount:	\$30,000.00
	F	Amount	
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	FIOIII.	- Amount. —	
	То:	Amount:	
Explain: Where are the funds com the funding for a specific time frame	PROPRIATION / FINANCIAL IMPACT / OTHER sing from, going to, how will the funds be used? Does the e? Will there be an ongoing maintenance? and staffin ticipated post-construction operation costs.	: funding require	
Explain: Where are the funds com the funding for a specific time frame 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of This is an appropriation of fund bal	ning from, going to, how will the funds be used? Does the e? Will there be an ongoing maintenance? and staffin ticipated post-construction operation costs. of 1 page.) Iance within subfund 1S1. Funds will be used to assist the	: funding require g obligation? Po	er Chapters
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?		х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?		x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year	\neg	「x	Note: If yes, note must include explanation of all-year subfund carryover
Carryover?			language.
r			
CIP Amendment?		×	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?		x	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?
Related RC/BT?	Х		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		x	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?		x	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: Ye Continuation of Grant?	No X	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?	x x	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:	Syph	(signature) Date: 4/25/19 Date: 4/27/19

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone:	E-mail:	
From:	Charles Patterson, Administrative S Initiating Department Representative (I		
	Phone: 904-255-1009	E-mail: cpatterson@coj.net	
Primary			
Contact:	(Name, Job Title, Department)	Support managor, various courts	
	Phone: 904-255-1009	E-mail: cpatterson@coj.net	
CC:	Jordan Elsbury, Director of Inter	governmental Affairs, Office of the Mayor	
	Phone: 904-630-1825	E-mail: <u>JElsbury@coj.net</u>	
COUN	CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
To:	Peggy Sidman, Office of General	al Counsel, St. James Suite 480	
	Phone: 904-630-4647	E-mail: PSidman@coj.net	
From:			
	Initiating Council Member / Independen	nt Agency / Constitutional Officer	
	Phone:	E-mail:	
Primary			
Contact:	(Name, Job Title, Department)		
	Phone:	E-mail:	
CC:		rgovernmental Affairs, Office of the Mayor	
	Phone: 904-630-1825	E-mail: JElsbury@coj.net	
•	on from Independent Agencies reg g the legislation.	equires a resolution from the Independent Agency Board	
•	dent Agency Action Item: Yes Boards Action / Resolution?	No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED