## **LEGISLATIVE FACT SHEET**

DATE: 07/29/25		BT or RC No:		BT25-109	
			(Administration & City Co		
SPONSOR:	Office of the	he Sheriff			
			(Department/Division/Agency/Council Me	ember)	
Contact for all i	inquiries and pres	sentations: _	William Cle	ement	
Provide Name:		-	William Clement		
Co	ontact Number: <u>6</u>	30-2217			
En	mail Address: <u>W</u>	Villiam.Cleme	nt@jaxsheriff.org		
PURPOSE: White Pa	aper (Explain Why this I r Council introduced leg	egislation is necess gislation and the Adi	sary? Provide; Who, What, When, Where, How ministration is responsible for all other legislation	v and the Impact.) Council Rese on.	arch will
(Minimum of 350	0 words - Maximui	m of 1 page.)			
Appropriate \$150,0 Enforcement for th	000.00 with no local i ie Project Safe Neigh	match from the Unborhoods progra	J. S. Department of Justice through the Fl am for the period 10/01/2025 to 09/30/202	orida Department of Law 26.	
enhance the invest This data will be sh prosecution of viole under low-lighting of	tigative capabilities on nared through multiple ent offenders. Addition conditions, plus a po with a suite of strateg	of the JSO's Gang le partnerships w onally, funding wil ortable narcotics-to	ng technology, including various cameras g Unit, allowing for more comprehensive ith federal and local agencies, allowing fo ill be used to equip officers with night-vision esting kit which allows for quick identifica neras, will aid in necessary seizures and	and definitive data to be gath or further investigations and on goggles to aid in surveilla tion of controlled substances	hered. ince s. This
List the source_		le Object and	ed: \$150,000.00 Subobject Numbers for each cate	as follows: gory listed below:	
(Name of Fund as	it will appear in title o				
Name of Federal Funding Source(s):			ed Equipment - 564290	Amount: \$150	,000.00
		To: Other Op	perating Supplies - 552160	Amount: \$150,	,000.00
Name of State Fun	idina Source(s):	From:		Amount:	
Name of State Funding Source(	ulling obulou(5).	To:		Amount:	
Name of City of Jac	cksonville Fundina	From:		Amount:	
Source(s):		То:	***************************************	Amount:	
				_	
Name of In-Kind Co	ontribution(s):	From:		Amount:	
		To:		Amount:	
Name & Number of Bond Account(s):		From:		Amount:	
		To:		Amount:	

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## 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.)

Appropriate \$150,000.00 with no local match from the U. S. Department of Justice through the Florida Department of Law Enforcement for the Project Safe Neighborhoods program for the period 10/01/2025 to 09/30/2026.

The JSO intends to purchase surveillance and monitoring technology, including various cameras. This technology will greatly enhance the investigative capabilities of the JSO's Gang Unit, allowing for more comprehensive and definitive data to be gathered. This data will be shared through multiple partnerships with federal and local agencies, allowing for further investigations and prosecution of violent offenders. Additionally, funding will be used to equip officers with night-vision goggles to aid in surveillance under low-lighting conditions, plus a portable narcotics-testing kit which allows for quick identification of controlled substances. This equipment, along with a suite of strategically placed cameras, will aid in necessary seizures and arrests, and reduce violent crime associated with drug trafficking.

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

ACTION ITEMS:	Yes	No	
Emergency?		X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
	····		
Federal or State Mandate?		х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
14 o al			
Fiscal Year Carryover?		X	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?		×	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement Approval?		х	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?	X		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		Х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?		×	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Г		<del></del> i	Code Reference: If yes, identify related code section(s) and ordinance reference
Related Enacted Ordinances?		x	number in the box below and provide detailed explanation and any changes necessary within white paper.

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

ACTION ITEM	S: Yes	No	
Continuation	of Grant?	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?
	Property dification?	×	Attachment: If yes, attach appropriate form(s).
F	Reporting rements?	×	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.
		Bl	JSINESS IMPACT ESTIMATE
ordinances that provided below.	are <u>NOT</u> exem <sub>l</sub> Please check a	ot from t III exem	ne City is required to prepare a Business Impact Estimate for this requirement. A list of Ordinance exemptions are ption boxes that apply to this Ordinance. If an exemption ate IS NOT required.
The	proposed ordin	nance is	required for compliance with Federal or State law or regulation;
The	proposed ordin	nance re	elates to the issuance or refinancing of debt;
The	proposed ordir enue sources ne	nance re ecessar	elates to the adoption of budgets or budget amendments, including y to fund the budget;
limiالـــــــــا	proposed ordir ted to, any Fede municipal gove	eral, Sta	required to implement a contract or an agreement, including, but not te, local, or private grant or other financial assistance accepted by
The	proposed ordin	nance is	an emergency ordinance;
The	ordinance relat	tes to pr	ocurement;
The	proposed ordin	ance is	enacted to implement the following:
163	.3164, Florida S	Statutes,	development permits, as those terms are defined in Section and development agreements, as authorized by the Florida Local Agreement Act under Sections 163.3220-163.3243, Florida Statutes;
			endments and land development regulation amendments initiated by party other than the municipality;
c. S	ections 190.005	and 19	0.046, Florida Statutes, regarding community development districts;
			Statutes, relating to the Florida Building Code;
e, S	ection 633.202,	Florida	Statutes, relating to the Florida Fire Prevention Code.

If none of the boxes above are checked, then a Business Impact Estimate <u>IS REQUIRED</u> to be completed by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc.

Division Chief:	Date: 7/4/23
(signature)	
Prepared By: <u>Jense Jenna</u>	Date: 7/29/2025
(signature)	

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/	o the Budget Offi	ce, St. James	Suite 325	
Thru:	Brittany No	erris, Director of Inte	rgovernmental A	Affairs, Office of the Mayor	
	(Name, Job	Title, Department)			· · · · · · · · · · · · · · · · · · ·
	Phone:	255-5000	E-mail:	BNorris@coj.net	
From:	Brittany No	rris, Director of Inte	rgovernmental A	Affairs, Office of the Mayor	
	Initiating De <sub>l</sub>	partment Representa	tive (Name, Job T	itle, Department)	
	Phone: _	255-5000	E-mail:	BNorris@coj.net	
Primary	Brittany No	rris, Director of Inte	rgovernmental A	Affairs, Office of the Mayor	
Contact:	(Name, Job	Title, Department)			
	Phone:	255-5000	E-mail:	BNorris@coj.net	
CC:	Brittany No	rris, Director of Inte	rgovernmental A	affairs, Office of the Mayor	
	Phone:	255-5000	E-mail:	BNorris@coj.net	

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

10;	Mary Star	Mary Stattopoulos, Office of General Counsel, St. James Suite 480						
	Phone: _	904-255-5062	E-mail: <u>mstaff@coj.net</u>					
From:	Sheriff T. k	C. Waters						
	Initiating Co	uncil Member / Indeper	endent Agency / Constitutional Officer					
	Phone:	904-630-2228	E-mail: <u>latisha.jackson@jaxsheriff.org</u>					
Primary	William Clem	William Clement, Chief of Budget, Office of the Sheriff						
Contact:	(Name, Job	Title, Department)						
	Phone:	904-630-2217	E-mail: william.clement@jaxsheriff.org					
CC:	Brittany No	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone:	255-5000	E-mail: <u>BNorris@coj.net</u>					
Legislation the legislat	from Indepo	endent Agencies re	equires a resolution from the Independent Agency Board approvin					
•	nt Agency A Boards Actio	ction Item: Your / Resolution?	Attachment: If yes, attach appropriate documentation. If no, whe is board action scheduled?					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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