LEGISLATIVE FACT SHEET

				RC25-	006	
DATE: 07/15/24		BT or RC No: BT 25-007				
			(Administration & City Co	ouncil Bills)		
SPONSOR:			Office of the Sheriff			
		((Department/Division/Agency/Council Member)			
Contact for	all inquiries and pre	sentations:	William Cle	ement		
Provide Name:		William Clement				
	Contact Number:	er: 904-630-2217				
	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 o	of 350 words - Maximu	m of 1 page.)		-		
This legislation is necessary to appropriate funds required for the 2024-2025 fiscal year operating budget for the Inmate Welfare Trust Fund. Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 24-25 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$3,044,035.43 itemized as follows: 1) \$181,348.45 in various salary subobjects for employees whose duties directly relate to the trust fund. 2) \$362.62 approriation in City Employees Worker's Compensation 3) \$3,201.00 appropriation in General Liability Insurance 4) \$991,336.36 appropriation for Admission packs, indigent packs, law library supplies, recreational equipment, inmate tracking/records software costs. 5) \$475,552.00 appropriation in "Computer Equipment" for various capital equipment items at the Pre-Trial Detention Facility. 6) \$1,442,235.00 appropriation in "Specialized Equipment" for various capital equipment items at the Montgomery Correctional Facility, and the Pre-Trial Detention Facility.						
	IATION: Total Amo	3 2 7 57		as follows:		
List the sou	irce <u>name</u> and provid	de Object ar	nd Subobject Numbers for each ca	ategory listed	d below:	
(Name of Fun	d as it will appear in title					
Name of Fed	deral Funding Source(s):	From: 00001		Amount:	\$3,044,035.43	
, value of red		TRSH To: 00001	09 - Fund: 11522 Center: 551103 Activity 344	Amount:	\$3,044,035.43	
Name of State	ate Funding Source(s):	From:		Amount:		
		То:		Amount:		
Name of City	of Jacksonville Funding S	From:		Amount:		
The state of the s	o. Jackoontine I unumly	To:		Amount:		

			-		
Name of In-Kind Contribution(s):	From:		Amount:		
,	То:		Amount:		
Name & Number of Bond Account(s):	From:		Amount:		
	То:	···	Amount:		
PLAIN LANGUAGE OF APPRO	PRIATION / FIN	ANCIAL 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 Inmate V anticipated FY 24-25 revenues.	Velfare Trust Fund a	nd will go to the Inmate Welfare T	rust Fund. The funding is from		
Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 24-25 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$3,044,035.43 itemized as follows:					
\$181,348.45 in various salary subobjects for employees whose duties directly relate to the trust fund. \$362.62 approriation in City Employees Worker's Compensation					
3) \$3,201.00 appropriation in General 4) \$991,336.36 appropriation for Adm		ent packs, law library supplies, rec	reational equipment, inmate		
tracking/records software costs. 5) \$475,552.00 appropriation in "Computer Equipment" for various capital equipment items at the Pre-Trial Detention Facility. 6) \$1,442,235.00 appropriation in "Specialized Equipment" for various capital equipment items at the Montgomery Correctional Facility, and the Pre-Trial Detention Facility.					
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?	X Justification emergency		on must include detailed nature of		
-					
Federal or State Mandate?		n: If yes, explanation must include tatute or Provision.	e detailed nature of mandate		
Fiscal Year Carryover?	X Note: If ye language.	s, note must include explanation of	of all-year subfund carryover		
CIP Amendment?		t: If yes, attach appropriate CIP formendment.	orm(s). Include justification for		

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Contract / Agreement Approval?	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? 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 X	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any			
Ordinances?	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				
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?	Attachment: If yes, attach appropriate form(s).			
Reporting X	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			

BUSINESS IMPACT ESTIMATE

Pursuant to Section 166.041(4), F.S., the City is required to prepare a Business Impact Estimate for ordinances that are **NOT** exempt from this requirement.

A list of ordinance exemptions are provided below. Please check all exemption boxes that apply to this ordinance. If an exemption is applicable, a Business Impact Estimate IS NOT required.

The proposed ordinance is required for compliance with Federal or S	tate law or re	egulation;
The proposed ordinance relates to the issuance or refinancing of deb	t;	
The proposed ordinance relates to the adoption of budgets or budget including revenue sources necessary to fund the budget;	amendmen	ts,
The proposed ordinance is required to implement a contract or an ag but not limited to, any Federal, State, local, or private grant or other fi accepted by the municipal government;		
The proposed ordinance is an emergency ordinance;		
The ordinance relates to procurement;		
The proposed ordinance is enacted to implement <u>any</u> of the following a. Part II of Chapter 163, Florida Statutes, relating to growth policy, county and land development regulation, including zoning, development orders, de and development permits; b. Sections 190.005 and 190.046, Florida Statutes, regarding community d c. Section 553.73, Florida Statutes, relating to the Florida Building Code; d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention If none of the boxes above are checked, then a Business Impact Estimate IS REc prepared by the using agency/office/department and submitted in the MBRC filling	and municipal evelopment of code. QUIRED to log packet along	greements districts; be ng with
the memorandum request, legislative fact sheet, etc. A Business Impact Estimate at: https://www.coj.net/departments/finance/budget/mayor-s-budget-rev		
Division Chief:(signature)	Date:	7/15/2024
Prepared By: Virginie Fortes King (signature)	Date:	7/15/2024

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o the Budget Office, St. James Suite 325				
Thru:	nru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	(Name, Job Title, Department)				
	255-5000		BNorris@coj.net		
From:	William Clement, Chief of B	udget, Office of th	ne Sheriff		
	Title, Department)				
	Phone: 904-630-2217	E-mail:	william.clement@jaxsheriff.org		
Primary Contact:	William Clement, Chief of B	udget, Office of th	ne Sheriff		
	(Name, Job Title, Department)				
	Phone: 904-630-2217	E-mail:	william.clement@jaxsheriff.org		
CC:	Brittany Norris, Director of Ir	ntergovernmental	Affairs, Office of the Mayor		
	Phone: 255-5000	E-mail:	BNorris@coj.net		
To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480					
	Phone: 904-255-5062		mstaff@coj.net		
From:	Sheriff T.K. Waters	,			
	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone: 904-630-2228	E-mail:	latisha.jackson@jaxsheriff.org		
Primary	William Clement, Chief of B		ne Sheriff		
Contact:	(Name, Job Title, Department) Phone: 904-930-2217		william.clement@jaxsheriff.org		
CC:	Brittany Norris, Director of Ir	ntergovernmental	Affairs, Office of the Mayor		
	Phone: 255-5000	E-mail:	BNorris@coj.net		
approving	n from Independent Agenci the legislation. ent Agency Action Item: Boards Action / Resolution	Yes No	solution from the Independent Agency Board Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		