LEGISLATIVE FACT SHEET

| DATE: _ | 08/10/22 | *** | BT or RC No: | VOV - CO | 7-118 |
|---|--|---|--|--|------------------------------------|
| | | | (Administration & City Cou | uncil Bills) | |
| SPONSOF | R: Court Admi | | | | |
| | | | (Department/Division/Agency/Council Memb | per) | |
| Contact fo | r all inquiries and p | resentation | Charles Patte | rson | |
| Provide Na | ame: | | Charles Patterson | | |
| C | Contact Number: 90 | 4-255-1009 | 9 | 1.11.1 | |
| E | mail Address: cp | atterson@c | oj.net | | |
| Research will | /hite Paper (Explain Why the complete this form for Cou of 350 words - Maxin | ncil introduced | necessary? Provide; Who, What, When, Where legislation and the Administration is responsible to ge.) | , How and the I for all other ledi | mpact.) Council slation. |
| ending on 09 Teen Court. and domestic | 9/28/2024 at \$33,250 to This program will help in c battery charges. This | tal for both ye 「een Court inv program will u | I Family Fund. This is a two year grant, begi ars. Funding will go toward the Battery Beha colved youth who have received civil citation use the funds to develop, implement, and far in for the participating youths. No City match | avior Program is for misdem cilitate a com | n for Dual County eanor battery |
| List the so | RIATION: Total An ource <u>name</u> and pro | vide Objec | t and Subobject Numbers for each o | as follows ategory lis | |
| | | From: | | Amount: | Toyle |
| Name of Federal Funding Source(s) | | То: | | Amount: | |
| Name of State Funding Source(s | | From: | | Amount: | |
| | | То: | | Amount: | |
| Nome of City | y of Jacksonville Fundir | Cour | ellaneous Grant Projects/ Duval County Teen t/ Court Administration -Cirvuit Civil/ ributions from Private Sources | Amount: | \$33,250.00 |
| Name of City of Jacksonville Fund | | Misc | ellaneous Grant Projects/ Duval County Teen t/ Court Administration -Cirvuit Civil/ Contractual ices | Amount: | \$33,250.00 |
| | | | | Amount | |
| Name of In-Kind Contribution(s | | From: | | Amount: _ | |
| | | То: | | Amount | |
| Name & Nur | mber of Bond | From: | | Amount: | |

| 1 | | |
|--|---|--|
| Account(s): | То: | Amount: |
| Explain: Where are the funds com | ning from, going to, ho ne? Will there be an o ticipated post-constru | INANCIAL IMPACT / OTHER: w will the funds be used? Does the funding require a match? Is ngoing maintenance? and staffing obligation? Per Chapters ction operation costs. |
| County Teen Court, beginning Oct County Teen Court to develop, imp | ober 01, 2022 through plement, and facilitate | courts a two year grant for the Battery Behavior Program for Duval a September 28, 2024. These funds will be used in the Duval a comprehensive, evidence-based treatment program and ived civil citations for misdemeanor battery and domestic battery |
| ACTION ITEMS: Purpose / code provisions for each. | Check List. If "Ye | s" please provide detail by attaching justification, and |
| ACTION ITEMS: Yes Emergency? | No X Justification emergency | n of Emergency: If yes, explanation must include detailed nature of |
| Federal or State Mandate? | | n: If yes, explanation must include detailed nature of mandate tatute or Provision. |
| Fiscal Year X | language. | s, note must include explanation of all-year subfund carryover |
| CIP Amendment? Contract / Agreement Approval? | mid-year a Attachmen of Departm negotiation | t & Explanation: If yes, attach the Contract / Agreement and name ent (and contact name) that will provide oversight. Indicate if s are on-going and with whom. Has OGC reviewed / drafted? |
| Related RC/BT? X | Attachmen Code Refe | t: If yes, attach appropriate RC/BT form(s). rence: If yes, identify code section(s) in box below and provide |
| Waiver of Code? | detailed ex | planation (including impacts) within white paper. rence: If yes, identify code in box below and provide detailed |
| Code Exception? | explanation | rence: If yes, identify code in box below and provide detailed in (including impacts) within white paper. |
| Related Enacted Ordinances? | X reference | number in the box below and provide detailed explanation and any ecessary within white paper. |

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

| ACTION | VITEMS: | Yes No | | | | |
|---|---------------------------------|----------------|--|--|--|--|
| Co | ontinuation of Grant? | x | Is the funding for a | vill the funds be used? Does s specific time frame and/or mu there long-term implications fo | lti-year? If multi-year, note | |
| | , | | | | | |
| | plus Property Certification? | x | | attach appropriate form(s). gencies (including City Counc | il / Auditor) to receive reports | |
| Re | Reporting equirements? | x | and frequency of re (include contact na | ports, including when reports me and telephone number) re | are due. Provide Department | |
| | | | Family Fund with a funds and basic sta | n annual letter detailing the sp | pecific expenditure of the ants to include demographics, | |
| Division Chief: Eve Jerrocko (Signature) Date: 8/16/202 | | | | | | |
| Pre | Prepared By: | | | | | |
| | | | (signature) | | Ĭ. | |
| ADMINISTRATIVE TRANSMITTAL | | | | | | |
| To: | MBRC, c/o Ja | smine Jorda | an, Budget Office, | St. James Suite 325 | | |
| Thru: | Rachel Zimmer | Sec. 10 100 | ntergovernmental A | offairs, Office of the Mayor | | |
| | Phone: | 255-5006 | E-mail: | rachelz@coj.net | | |
| From: | Rachel Zimme | r, Director of | Intergovernmental A | Affairs, Office of the Mayor | | |
| | Initiating Departr | ment Represer | ntative (Name, Job Tit | e, Department) | | |
| | Phone: | 255-5006 | E-mail: | rachelz@coj.net | | |
| Primary | | | Intergovernmental A | Affairs, Office of the Mayor | | |
| Contact: | (Mairie, Job Title | 25 27 51 | | | | |
| | Phone: | 255-5006 | E-mail: | rachelz@coj.net | | |
| CC: | Rachel Zimme | r, Director of | Intergovernmental A | Affairs, Office of the Mayor | | |
| | Phone: | 255-5006 | E-mail: | rachelz@coj.net | | |

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

| To: | Mary Staffopouos, Office of General Counsel, St. James Suite 480 | | | | | |
|---|---|-------------------------|--|--|--|--|
| | Phone: 904-255-5062 | E-mail: mstff@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 | | | | |
| 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