LEGISLATIVE FACT SHEET

DATE:	05/08/23	BT or RC No	o:N/A
		(Administration & City C	Council Bills)
SPONSOR:	Jacksonville Sheriff's O	ffice	
	1)	Department/Division/Agency/Council Me	mber)
Contact for all ir	nquiries and presentation	Office of General	al Counsel
Provide Name:		Gaby Young	
Contac	ct Number:	255-5080	_
Email A	Address:	gcyoung@coj.net	_
PURPOSE: White Pa	per (Explain Why this legislation is	necessary? Provide; Who, What, When, Whe	ere, How and the Impact.) Council
Research will complet	e this form for Council introduced le	egislation and the Administration is responsib	ole for all other legislation.
	words - Maximum of 1 page) D (1/0 1D : :)
		106.216 (Replacement of fleet vehicles nance Code, to exclude the Jacksonville	
		and approved for authorization to purch	

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APPROPRIATION: Total Ar	mount Appropriated N/A	as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	To:	Amount:
	1.0	, anounc
Name of In-Kind Contribution(s):	From:	Amount:
()	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
Explain: Where are the funds comit the funding for a specific time frame	ROPRIATION / FINANCIAL IMPACT / OTHER ng from, going to, how will the funds be used? Does the e? Will there be an ongoing maintenance? and staffing cipated post-construction operation costs.	funding require a match? Is
N/A	- p-80-1	

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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		х	Explanation: If yes, explanation must include detailed nature of mandate
Mandate?			including Statute or Provision.
		ļ —	
Fiscal Year Carryover?		x	Note: If yes, note must include explanation of all-year subfund carryover language.
•			
CIP Amendment?		х	Attachment: If yes, attach appropriate CIP form(s). Include justification for
Contract / Agreement			mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name
Approval?		х	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?		х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?		х	Code Reference: If yes, identify code in box below and provide detailed
0000 2 /00piio			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
3			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 ITEMS:	Yes	No	
Continuation o 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?
Surplus Property Certification	?	х	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
Reportino Requirements	-	х	Department (include contact name and telephone number) responsible for generating reports.
Division Chief:			Date:
			(signature)
Prepared By:			(signature) Date:
			(Signature)

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ADMINISTRATIVE TRANSMITTAL

Brian Hughes, CAO, Mayor's Office	
(Name, Job Title, Department)	
Phone: 255-5012 E-m	ail: <u>hughesb@coj.net</u>
Jacksonville Sheriff's Office, Director L.V.	Schmitt, Director of Services
Phone: 630-2125 E-m	ail: <u>Lawrence.Schmitt@jaxsheriff.org</u>
Gaby Young, Chief, JSO and Regulatory, Office	of General Counsel
t: (Name, Job Title, Department)	
Phone: 255-5080 E-m	ail: gcyoung@coj.net
Rachel Zimmer, Director of Intergove	nmental Affairs, Office of the Mayor
Phone: 255-5006 E-m	ail: <u>rachelz@coj.net</u>
NCIL MEMBER / INDEPENDENT AGE	ICY / CONSTITUTIONAL OFFICER TRANSMITTAL
Mary Staffopoulos, Office of General	Counsel, St. James Suite 480
Mary Staffopoulos, Office of General	
Mary Staffopoulos, Office of General Phone: 904-255-5062 E-m	Counsel, St. James Suite 480 ail: <u>mstaff@coj.net</u>
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t:	(Name, Job Title, Department) Phone: 255-5012 E-ma Jacksonville Sheriff's Office, Director L.V. Initiating Department Representative (Name, or Phone: 630-2125 E-ma Gaby Young, Chief, JSO and Regulatory, Office or (Name, Job Title, Department) Phone: 255-5080 E-ma Rachel Zimmer, Director of Intergover Phone: 255-5006 E-ma

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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