

LEGISLATIVE FACT SHEET

RC24-004
BT24-006
~~BT~~

DATE: 08/09/23

BT or RC No: BT
(Administration & City Council Bills)

SPONSOR: Office of the Sheriff
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: William Clement

Provide Name: William Clement

Contact Number: 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 of 350 words - Maximum of 1 page.)

This legislation is necessary to appropriate funds required for the 2023-2024 fiscal year operating budget for the Inmate Welfare Trust Fund.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 23-24 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$2,407,004.95 itemized as follows:

- 1) \$132,434.30 in various salary subobjects for employees whose duties directly relate to the trust fund.
- 2) \$362.62 appropriation in City Employees Worker's Compensation
- 3) \$3,201.00 appropriation in General Liability Insurance
- 4) \$816,204.04 appropriation for Admission packs, indigent packs, law library supplies, recreational equipment, inmate tracking/records software costs as well as replacement servers for the existing security cameras.
- 5) \$905,407.00 appropriation in "Computer Equipment" for various capital equipment items at the Pre-Trial Detention Facility.
- 6) \$549,396.00 appropriation in "Specialized Equipment" for various capital equipment items at the Montgomery Correctional Facility, the Community Transition Facility, and the Pre-Trial Detention Facility.

APPROPRIATION: Total Amount Appropriated \$2,407,004.95 as follows:
List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: TRSH09 - Fund: 11522 Center: 551103 Activity 00001344	Amount: \$2,407,004.95
	To: TRSH09 - Fund: 11522 Center: 551103 Activity 00001344	Amount: \$2,407,004.95

Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____

Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

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.)

All funding will come from the Inmate Welfare Trust Fund and will go to the Inmate Welfare Trust Fund. The funding is from anticipated FY 23-24 revenues.

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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

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.

Related Enacted Ordinances?

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: **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?

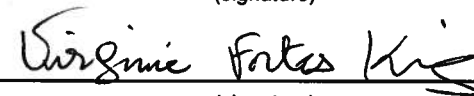
Attachment: If yes, attach appropriate form(s).

Reporting Requirements?

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

Division Chief: 
(signature)

Date: 8/9/2023

Prepared By: 
(signature)

Date: 8/9/2023

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)
255-5000 bnorris@coj.net

From: William Clement, Chief of Budget, Office of the Sheriff
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org

Primary Contact: William Clement, Chief of Budget, Office of the Sheriff
(Name, Job Title, Department)
Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5000 E-mail: bnorris@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 904-255-5062 E-mail: 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 Contact: William Clement, Chief of Budget, Office of the Sheriff
(Name, Job Title, Department)
Phone: 904-930-2217 E-mail: william.clement@jaxsheriff.org

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5000 E-mail: bnorris@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