LEGISLATIVE FACT SHEET

Name of State Funding Source(s):						
(Department/Division/Agency/Council Member) Contact for all inquiries and presentations: William Clement Provide Name: William Clement Contact Number: 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.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat filegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 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) From: Amount: Name of State Funding Source(s): From: Contributions from State - 334100 Amount: \$150,000.0 Name of City of Jacksonville Funding From: Amount: Name of In-Kind Contribution(s): From: Amount: Name of In-Kind Contribution(s): From: Amount: Name & Number of Bond Account(s): From: Amount:	DATE: _	03/12/24		BT or RC I (Administration & Cit	No: BT2 4	1-091
Contact for all inquiries and presentations: William Clement Contact Number: 630-2217 Email Address: William.Clement@jaxsheriff.org PURPOSE: While Paper (Explain While 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 resonable for all other legislation (Minimum of 350 words - Maximum of 1 page.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 as follows: List the source name and provide Object and Subobject Numbers for each category listed below: (Name of Federal Funding Source(s): To: Amount: Name of State Funding Source(s): To: Amount: Name of City of Jacksonville Funding From: To: Amount: Name of In-Kind Contribution(s): From: Amount: Amount: Amount: Name & Number of Bond Account(s): From: Amount: Amount: Amount:	SPONSOR:	Office of th	e Sheriff	/Denartment/Division/Agency/Coun	icil Member)	····
Provide Name: William Clement Contact Number: 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.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 as follows: List the source name and provide Object and Subobject Numbers for each category listed below: (Name of Federal Funding Source(s): To Amount: \$150,000.00 Name of State Funding Source(s): To Overtime (\$14010), Med. Tax (\$21020) Amount: \$150,000.00 Name of City of Jacksonville Funding Source(s): To Amount: Amount: To				(Department Division Agency Coun	ch Wellioti)	
Contact Number: 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.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overline related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 as follows: List the source name and provide Object and Subobject Numbers for each category listed below: (Name of Federal Funding Source(s): From: Amount: Name of State Funding Source(s): From: Contributions from State 334100 Amount: \$150,000.0 Name of City of Jacksonville Funding From: Amount: To Amount: Name of In-Kind Contribution(s): From: Amount: Name & Number of Bond Account(s): From: Amount:	Contact for a	II inquiries and pres	sentations:	Willian	n Clement	
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.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentaryl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentaryl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 as follows: List the source name and provide Object and Subobject Numbers for each category listed below: (Name of Federal Funding Source(s): From: Amount: Name of State Funding Source(s): From: Contributions from State 334100 Amount: \$150,000.00 Name of City of Jacksonville Funding From: Amount: To Amount: To Amount: Name of In-Kind Contribution(s): From: Amount: Name & Number of Bond Account(s): From: Amount: Name & Number of Bond Account(s): From: Amount:	Provide Nam	e:		William Clement		
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.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 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) From: Amount: Name of State Funding Source(s): From: Contributions from State 334100 Amount: \$150,000.00 Name of City of Jacksonville Funding From: Amount: \$150,000.00 Name of City of Jacksonville Funding From: Amount: Amount: To: Amount: Name of In-Kind Contribution(s): From: Amount: A	C	Contact Number: 63	30-2217			
will comblete this form for Council introduced legislation and the Administration is responsible for all other legislation (Minimum of 350 words - Maximum of 1 page.) The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sheriff's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: 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) From: Amount: Name of Federal Funding Source(s): To Amount: Name of State Funding Source(s): From: Contributions from State 334100 Amount: \$150,000.0 Name of City of Jacksonville Funding From: Amount: Name of In-Kind Contribution(s): From: Amount: Name of In-Kind Contribution(s): From: Amount: Amount: Amount: Amount: Amount: Amount:	E	mail Address: W	'illiam.Clem	ent@jaxsheriff.org		
application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations. APPROPRIATION: Total Amount Appropriated: \$150,000.00 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 tegislation) From: Amount: Name of State Funding Source(s): To: Amount: \$150,000.0 Name of City of Jacksonville Funding From: Contributions from State 334100 Amount: \$150,000.0 Name of City of Jacksonville Funding From: Amount: \$150,000.0 Name of In-Kind Contribution(s): From: Amount: Amount: Amount: To: Amount: Amount: To: Amount: Amount: To: Amount: To: Amount: To: Amount: Amount: To: A	will complete this f	form for Council introduced	d legislation and			Council Research
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 tegislation) From: Amount: To: Amount: Name of State Funding Source(s): From: Contributions from State - 334100 Amount: \$150,000.0 To: Overture (514010) Med. Tax (521020) Amount: \$150,000.0 Name of City of Jacksonville Funding Source(s): To: Amount: Name of In-Kind Contribution(s): From: Amount: Amount: Name & Number of Bond Account(s): From: Amount: Amount:	application for fi Florida Program	nancial assistance sub in the amount of \$150	mitted under th 0,000.00. These	ne FY23-24 State Financial Assistance funds will be used to conduct invest	e for Fentanyl Eradica	tion (S.A.F.E.) in
Name of Federal Funding Source(s): To: Amount: Name of State Funding Source(s): From: Contributions from State - 334100 Amount: \$150,000.0 To: Overtime (514010). Med. Tax (521020) Amount: \$150,000.0 Name of City of Jacksonville Funding Source(s): From: Amount: To: Amount: Amount: Name of In-Kind Contribution(s): From: Amount: Name & Number of Bond Account(s): From: Amount:	List the source	ce <u>name</u> and provid	de Object ar			elow:
Name of Federal Funding Source(s): To: Amount: Name of State Funding Source(s): From: Contributions from State - 334100 Amount: \$150,000.0 To: Overtime (514010). Med. Tax (521020) Amount: \$150,000.0 Name of City of Jacksonville Funding Source(s): From: Amount: Amount: To: Amount: Amount: Amount: Amount: Amount: Amount: Amount: To: Name & Number of Bond Account(s): From: Amount: A			From:		Amount:	
Name of State Funding Source(s): From: Contributions from State 334100 Amount: \$150,000.0 To: Overtime (514010) Med. Tax (521020) Amount: \$150,000.0 Name of City of Jacksonville Funding Source(s): From: Amount: Amount: To: To: Amount: To: Amount: To: To: Amount: To: To: To: To: To: To: To: To: To: To	Name of Federal Funding Source(s):					
Name of State Funding Source(s): To: Overtime (514010): Med. Tax (521020) Amount: \$150,000.0 Name of City of Jacksonville Funding Source(s): To: Amount: Name of In-Kind Contribution(s): To: Amount: Name & Number of Bond Account(s): From: Amount: Amount: Amount:			То		Amount:	
Name of City of Jacksonville Funding Source(s): To: Amount: Name of In-Kind Contribution(s): To: Amount: To: Amount: Name & Number of Bond Account(s): From: Amount: Amount: Amount:	Name of State Funding	Funding Source(s):	From: Contril	outions from State - 334100	Amount:	\$150,000.00
Name of In-Kind Contribution(s):	•		To. Overtu	me (514010), Med. Tax (521020)	Amount:	\$150,000.00
To:	Name of City of Jacksonville F	Jacksonville Funding	From:		Amount:	
Name & Number of Bond Account(s): To: Amount:	Source(s):		To:		Amount:	
Name & Number of Bond Account(s): From: Amount: Amount:	Name of In-Kind	d Contribution(s):	From:		Amount:	
Name & Number of Bond Account(s):	Traine of its raise outsidesign(9)		To:		Amount:	
Name & Number of Bond Account(s):						
To. Amount:	Name & Numbe	er 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.)

The Florida Department of Law Enforcement has approved the City of Jacksonville/Jacksonville Sherift's Office's (COJ/JSO) application for financial assistance submitted under the FY23-24 State Financial Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program in the amount of \$150,000.00. These funds will be used to conduct investigations designed to combat illegal fentanyl activity, and will cover expenses for overtime related to investigations.

This legislation is necessary to appropriate the grant award from the Florida Department of Law Enforcement with no local match for the grant period of July 1st, 2023 to June 30th, 2024.

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

ACTION ITEMS: Yes No Emergency?

Yes No Justification of Emergency: If yes, explanation must include detailed nature of emergency.

emergency.
Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Note: If yes, note must include explanation of all-year subfund carryover language.
Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 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?
Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
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.

Page 2 of 5 OGC Rev. 10/11/2023 (LH)

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

ACTION ITEMS: Continuation of Gi	Yes rant?	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 Proj Certifica Repo Requireme	rting	x	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 Department (include contact name and telephone number) responsible for generating reports.			
		<u>B</u>	USINESS IMPACT ESTIMATE			
Pursuant to Section ordinances that are			the City is required to prepare a Business Impact Estimate for this requirement.			
			vided below. Please check all exemption boxes that apply to this le, a Business Impact Estimate IS NOT required.			
The pro	posed ordi	inance is	s required for compliance with Federal or State law or regulation;			
The pro	posed ordi	inance r	elates to the issuance or refinancing of debt;			
1 1	-		elates to the adoption of budgets or budget amendments, including ry to fund the budget;			
L limited		leral, Sta	s required to implement a contract or an agreement, including, but not ate, local, or private grant or other financial assistance accepted by ;			
The pro	posed ordi	inance is	s an emergency ordinance;			
The ord	inance rela	ates to p	procurement;			
The pro	posed ordi	inance is	s enacted to implement <u>any</u> of the following:			
land d		regulation	Florida Statutes, relating to growth policy, county and municipal planning, and on, including zoning, development orders, development agreements and			
	 b. Sections 190.005 and 190.046, Florida Statutes, regarding community development districts; c. Section 553.73, Florida Statutes, relating to the Florida Building Code; 					
			a 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 prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at:

https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee

Page 3 of 5

Division Chief:

Prepared By:

(signature)

Date: 3/18/24

ADMINISTRATIVE TRANSMITTAL

Го:	MBRC, c/d	the Budget Offic	e, St. James S	Suite 325			
Γhru:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	(Name, Job	Title, Department)	0.000				
	Phone:	255-5000	E-mail:	BNorris@coj.net			
From:	Brittany No	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor					
	Initiating Department Representative (Name, Job Title, Department)						
	Phone: _	255-5000	E-mail: _	BNorris@coj.net			
Primary	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
Contact	(Name, Job	Title, Department)					
	Phone: _	255-5000	E-mail:	BNorris@coj.net	0		
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone:	255-5000	E-mail:	BNorris@coj.net	33.5000 100		

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. I	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					
Cornact	(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		
Legislation the legislati		pendent Agencies	requires a re	esolution from the Independent Agency Board approvin	g	
Independer	nt Agency	Action Item:	Yes No			
Boards Action / Resolution?			Attachment: If yes, attach appropriate documentation. If no, whe is board action scheduled?	n		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 5 of 5