LEGISLATIVE FACT SHEET

DATE:	12/10/1	19	В.	T or RC No:	BT 20-038			
-			(Administr	ration & City Coun	cil Bills)			
SPONSO	R:		Office of the S	Sheriff				
		(Department/Division/Agency/Council Member)						
Contact fo	or all inquiries and	presentations:	,	William Clemer	nt			
Provide Name:			William Clem	ent				
•	Contact Number:	90	4-630-2217					
Į	Email Address:	william.cle	ment@jaxsheriff.	org				
Research will	complete this form for Co	this legislation is necessa buncil introduced legislatio			ow and the Impact.) Council all other legislation.			
Maximum	of 1 page			750				
		in the Federal Forfeitued computer equipment						
1) An armo Security De 2) Specialize diving equip 3) Covert in	red Critical Incident Ver partment of the Jackso ed equipment for the Journal of	onville Sheriff's Office (J SO Marine Unit (\$24,85 (\$11,116.00), which is	use by the SWAT un ISO). 59.44) including GPS not subject to public o	units for two police	tigations and Homeland e boats and specialized			
		(\$41,863.95) for the JS						
A contribution	on of \$150,000.00 to th	ne First Coast Crime Sto	oppers, Inc. to fund th	ne Sheriff's Gun Bo	ounty Program.			
04904 - \$9 04904 - \$8								
06427 - \$:	32,294.64 - Computer	equipment for Tactical	Support Unit					
06429 - \$	324,000.00 – Critical Ir 16,659.90 – Marine Un 11,116.00 – Covert law		nt					
1								

List the source <u>name</u> 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: From: Amount: Name of State Funding Source(s): To: Amount: Name of City of Jacksonville From: JSO-Federal Forfeiture Trust Fund Amount: \$551,839.39 Funding Source(s): To: JSO-Federal Forfeiture Trust Fund Amount: \$551,839.39 From: Amount: Name of In-Kind Contribution(s): Amount: To: From: Name & Number of Bond Amount: Account(s): 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.) Funding for this appropriation is from currently available revenue within the Federal Forfeitures Trust Fund and is being appropriated to operating and capital expenditure accounts within the same Fund. There is no local match required nor are there any staffing obligations required.

\$551,839.39 as follows:

APPROPRIATION: Total Amount Appropriated:

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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 Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
		Subfund 64E is an all years fund
CIP Amendment?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement Approval?	х	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	Ш	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 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 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). 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:	Date: 12/10/2019
Prepared By:	(signature) Date: 12/10/2019

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325						
cc:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor						
Thru:	William Clement, Chief - Budget & Management Division, Office of the Sheriff						
	(Name, Job Title, Department)						
	Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org						
From:	Clement, Chief - Budget & Management Division, 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 - Budget & Management Division, Office of the Sheriff						
	militating Department hepresentative (Name, Job Title, Department)						
	Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org						
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor						
	904-630-1825 E-mail: jelsbury@coj.net						
COUN To:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone:904-630-4647						
From:							
	Initiating Council Member / Independent Agency / Constitutional Officer						
	Phone: E-mail:						
Primary							
Contact.	(Name, Job Title, Department)						
	Phone: E-mail:						
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net						
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approvin	904-630-1825 E-mail: jelsbury@coj.net ion from Independent Agencies requires a resolution from the Independent Agency Board ng the legislation.						
approvin Indepen	904-630-1825 E-mail: jelsbury@coj.net ion from Independent Agencies requires a resolution from the Independent Agency Boa						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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