

## LEGISLATIVE FACT SHEET

DATE: 07/17/20

BT or RC No: BT20-108  
 (Administration & City Council Bills)

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

Contact for all inquiries and presentation: William Clement

Provide Name: William Clement

Contact Number: 904-630-2217

Email Address: [william.clement@jaxsheriff.org](mailto: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.)

Appropriate \$385,785.00 with no local match from the Florida Department of Law Enforcement for the Project Safe Neighborhoods program for the period 05/01/2020 to 04/30/2021.

The project will install fixed-place license plate readers (LPRs) within the Targeted Enforcement Area (TEA) that is outlined in the U.S. Attorney's Office Strategic Action Plan for Jacksonville. More specifically, the LPRs will be deployed within the ShotSpotter area and Zone 4. The LPRs will feed data into the Real Time Crime Center so the information can be provided to first responders who are responding to calls for service and detectives who are conducting follow-up investigation.

APPROPRIATION: Total Amount Appropriated \$385,785.00 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)

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

Name of State Funding Source(s):	From: Florida Department of Law Enforcement (331230)	Amount: <u>\$385,785.00</u>
	To: WIRELESS COMMUNICATIONS (541050) SPECIALIZED EQUIPMENT (564290)	Amount: <u>\$385,785.00</u>

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

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

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

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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?	<input type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	<input type="checkbox"/>	<input type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	<input type="checkbox"/>	<input type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?	<input type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input 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?
			Agreement will be submitted to OGC for review and signature before introduced to council
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	<input type="checkbox"/>	<input type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	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:**


	<b>Yes</b>	<b>No</b>
Continuation of Grant?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input type="checkbox"/>

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

Division Chief:   
(signature)

Date: 7/17/2020

Prepared By:   
(signature)

Date: 7/17/2020

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)

Phone: 255-5013

E-mail: [jelsbury@coj.net](mailto:jelsbury@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](mailto:william.clement@jaxsheriff.org)

Primary Contact: William Clement, Chief of Budget, Office of the Sheriff

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Phone: 904-630-2217

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CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 255-5013

E-mail: [jelsbury@coj.net](mailto:jelsbury@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480  
Phone: 904-630-4647 E-mail: psidman@coj.net

From: Michael Williams  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: 904-630-2229 E-mail: [joanne.seach@jaxsheriff.org](mailto:joanne.seach@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](mailto:william.clement@jaxsheriff.org)

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 904-630-1825 E-mail: jelsbury@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**