LEGISLATIVE FACT SHEET

DATE:	06/03/20	ס	BT or RC	No: BT 20	-116
			(Administration & Cit	y Council Bills)	
CDONC	·OD.		Office of the Chariff		
SPONS		(Dono)	Office of the Sheriff tment/Division/Agency/Council N	Aomhor\	
		(Бера	then/Division/Agency/Council k	nember)	
Contact	for all inquiries and p	resentations	William C	Clement	
Provide	Name:		William Clement		
	Contact Number:	90	04-630-2217		
	Email Address:	william.cle	ement@jaxsheriff.org	<u> </u>	
			sary? Provide; Who, What, When, W on and the Administration is respons		
Maximu	ım of 1 page				
education	i, drug prevention, crime p	revention, safe neigh	o (\$10,000). This allocation supportion of school resource officies will be responsible for all addresses wi	cer program(s). This	appropriation
List the	PRIATION: Total Ar source <u>name</u> and pro Fund as it will appear in ti	ovide Object and	ed:\$49,900 Subobject Numbers for eac	.00 as follows: ch category liste	d below:
		From:		Amount:	
Name of F	Federal Funding Source(s)	То:		Amount:	
		From:		Amount:	1
Name of	State Funding Source(s):	· · · ·		<u> </u>	
		То:		Amount:	
	City of Jacksonville	From: JSO-Special	Law Enforcement Trust Fund	Amount:	\$49,900.00
Funding S	Source(s):	To: Subsidies &	Contributions To Private Org	Amount:	\$49,900.00
Name of	In Kind Contribution(s):	From:	***************************************	Amount:	****
INAINE UI	In-Kind Contribution(s):	То:		Amount:	
Name & N	Number of Bond	From:		Amount:	

Account(s):	To:	Amount:
	,,,,	
Explain: Where are the funds comi	ng from, Will there d post-co	ATION / FINANCIAL IMPACT / OTHER: going to, how will the funds be used? Does the funding require a match? Is the be an ongoing maintenance? and staffing obligation? Per Chapters 122 & construction operation costs.
11522.551103.582034.000000.000 (subobject 36602/account 366020) Subsidies & Contributions to Private education, drug prevention, crime p	00910.00 and will e Organi reventio	ecial law Enforcement Trust Fund (subfund 64A: SHPS64ABUSLE-TRSH02; 0000.000000) will be used to increase Budgeted Revenues by \$49,900.00 increase the appropriation in expenditure subobject 08201/account 582034 zations \$49,900.00. This allocation supports drug treatment, drug abuse n, safe neighborhood, or school resource officer program(s). This appropriation s Hope Alliance will be responsible for all administration requirements.
ACTION ITEMS: Purpose / 0 code provisions for each.	Check I	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes Emergency?	No x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year	x	Note: If yes, note must include explanation of all-year subfund carryover
Carryover?		11522/64A is an all years fund/subfund
CIP Amendment? Contract / Agreement Approval?	×	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?

Related RC/BT? X	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.
	detailed explanation (including impacts) within write paper.
Code Exception? x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
	
Related Enacted	Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
	That igo incoosaly that in the paper.
ACTION ITEMS CONTINUED. D.	
justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No	
Continuation of	Explanation: How will the funds be used? Does the funding require a match?
Grant?	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	AMachinanti Musa attach ammunista farm/a
Certification?	Attachment: If yes, attach appropriate form(s).
Reporting x x x x x x x x x	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
200	
Division Chief:	Date: 8/24/2020
M	(signature)
Prepared By:	Date: 8/24/2020

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Rev. 8/2/2016 (CLB RM)

(signature)	

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ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, B	Budget Office, St. James Suite 325
cc:	Allison Korman Shelton, Dire	ector of Intergovernmental Affairs, Office of the Mayor
Thru:	William Clement, Chief - Budge	et & Management Division, Office of the Sheriff
	(Name, Job Title, Department)	
	Phone: 904-630-2217	E-mail: william.clement@jaxsheriff.org
		et & Management Division, Office of the Sheriff
	Initiating Department Representat	ive (Name, Job Title, Department)
	Phone: 904-630-2217	E-mail: william.clement@jaxsheriff.org
Primary Contact:	William Clement, Chief - Budge Initiating Department Representat	et & Management Division, Office of the Sheriff
	Phone: 904-630-2217	E-mail: william.clement@jaxsheriff.org
	•	ector of Intergovernmental Affairs, Office of the Mayor
<u>COUN</u> To:		eneral Counsel, St. James Suite 480 E-mail: psidman@coj.net
	Peggy Sidman, Office of Ge	eneral Counsel, St. James Suite 480
То:	Peggy Sidman, Office of Ge Phone: 904-630-4647	eneral Counsel, St. James Suite 480
То:	Peggy Sidman, Office of Ge Phone: 904-630-4647	eneral Counsel, St. James Suite 480 E-mail:psidman@coj.net
To: From: Primary	Peggy Sidman, Office of Ge Phone: 904-630-4647 Initiating Council Member / Independence: (Name, Job Title, Department)	eneral Counsel, St. James Suite 480 E-mail:
To: From: Primary	Peggy Sidman, Office of Ge Phone: 904-630-4647 Initiating Council Member / Independence: (Name, Job Title, Department) Phone:	eneral Counsel, St. James Suite 480 E-mail: psidman@coj.net endent Agency / Constitutional Officer E-mail:
To: From: Primary	Peggy Sidman, Office of Ge Phone: 904-630-4647 Initiating Council Member / Independence: (Name, Job Title, Department) Phone:	eneral Counsel, St. James Suite 480 E-mail:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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Budgetary Control - Revenue and Expenditures

Account Account Description Account Account Description Original Adjustments Revised Budget Actual Actual Encumbrances Avalous Encumbrances Avalous Encumbrances Avalous Encumbrances Avalous Encumbrances Avalous Encumbrances Avalous Encumbrances Encoded Encode	•								
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582001 Subsidies & Contributions To Private Org 0.00 171,000.40 171,000.40 20,000.00		11522-551103-564290-00000-00001428-00000-000000	564290 Specialized Equipment	0.0	1,600.00	1,600.00		1,600.00	0000
		11522-551103-582001-000000-00001428-00000-000000	582001 Subsidies & Contributions To Private Org	0.00	171,000.40	171,000.40	20.000.00	000	0.00 151 000 40

Total Revenue 286,456.54

Total Expense 67,052.00