

LEGISLATIVE FACT SHEET

DATE: 07/17/20

BT or RC No: BT 21-019
(Administration & City Council Bills) RC 21-025

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 2020-2021 fiscal year operating budget for the Inmate Welfare Trust Fund.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 20-21 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$1,079,479 itemized as follows:

- 1) \$79,533.97 in various salary subobjects for employees whose duties directly relate to the trust fund.
- 2) \$347.00 appropriation in City Employees Worker's Compensation
- 3) \$3,201.00 appropriation in General Liability Insurance
- 4) \$239,461.03 appropriation for Admission packs, indigent packs, law library supplies, recreational equipment, and other related items as well as security cameras.
- 5) \$756,936.00 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: \$1,079,479.00 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: Inmate Welfare Trust Fund - SHCO64AIW - TRSH09 - Fund: 11522 Center: 551103 Activity 00001344	Amount: \$1,079,479.00
	To: Inmate Welfare Trust Fund - SHCO64AIW - TRSH09 - Fund: 11522 Center: 551103 Activity 00001344	Amount: \$1,079,479.00
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 20-21 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.
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.
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language.
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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:


	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" 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 generating

Division Chief: 
(signature)

Date: 10/14/2020

Prepared By: Virginia Fortea King
(signature)

Date: 10/14/2020

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

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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor
Phone: 255-5013 E-mail: 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

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: 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

Index Code: 11522
 SubObject: 369045
 Description: CONCESSION SALES

Adjusted Historical Sales Data							
Date	Total Commission Received	Commission Rate	Total Sales	Current Commission Rate	Adjusted Commission	ADP	Commission per ADP
Oct-18	\$66,525.26	34.00%	\$ 195,662.52	46.95%	\$ 91,863.56	3,255	\$ 28.22
Nov-18	\$57,553.59	34.00%	\$ 169,275.26	46.95%	\$ 79,474.73	3,189	\$ 24.92
Dec-18	\$63,343.36	34.00%	\$ 186,304.00	46.95%	\$ 87,469.73	3,043	\$ 28.74
Jan-19	\$55,245.04	34.00%	\$ 162,485.40	46.95%	\$ 76,286.89	3,117	\$ 24.47
Feb-19	\$56,063.55	34.00%	\$ 164,892.81	46.95%	\$ 77,417.17	3,226	\$ 24.00
Mar-19	\$65,926.46	34.00%	\$ 193,901.36	46.95%	\$ 91,036.69	3,183	\$ 28.60
Apr-19	\$77,181.55	34.00%	\$ 227,004.56	46.95%	\$ 106,578.64	3,182	\$ 33.49
May-19	\$63,861.38	34.00%	\$ 187,827.57	46.95%	\$ 88,185.05	3,112	\$ 28.34
Jun-19	\$63,382.76	34.00%	\$ 186,419.88	46.95%	\$ 87,524.13	3,219	\$ 27.19
Jul-19	\$72,545.14	34.00%	\$ 213,368.06	46.95%	\$ 100,176.30	3,265	\$ 30.68
Aug-19	\$72,165.12	37.00%	\$ 195,040.88	46.95%	\$ 91,571.69	3,312	\$ 27.65
Sep-19	\$71,186.02	37.30%	\$ 190,847.25	46.95%	\$ 89,602.78	3,304	\$ 27.12
Oct-19	\$79,627.66	37.30%	\$ 213,478.98	46.95%	\$ 100,228.38	3,283	\$ 30.53
Nov-19	\$64,373.17	37.30%	\$ 172,582.24	46.95%	\$ 81,027.36	3,200	\$ 25.32
Dec-19	\$75,789.32	37.30%	\$ 203,188.54	46.95%	\$ 95,397.02	3,073	\$ 31.04
Jan-20	\$63,366.64	37.30%	\$ 169,883.74	46.95%	\$ 79,760.42	3,125	\$ 25.52
Feb-20	\$61,328.20	37.30%	\$ 164,418.77	46.95%	\$ 77,194.61	3,244	\$ 23.80
Mar-20	\$101,057.38	46.95%	\$ 215,244.69	46.95%	\$ 101,057.38	3,192	\$ 31.66
Apr-20	\$71,886.67	46.95%	\$ 153,113.25	46.95%	\$ 71,886.67	2,680	\$ 26.82
May-20	\$87,944.46	46.95%	\$ 187,315.14	46.95%	\$ 87,944.46	2,831	\$ 31.06
Jun-20	\$62,119.62	46.95%	\$ 132,310.16	46.95%	\$ 62,119.62	2,896	\$ 21.45
Jul-20	\$90,225.15	46.95%	\$ 192,172.85	46.95%	\$ 90,225.15	2,814	\$ 32.06
Aug-20		46.95%		46.95%		2,857	
Sep-20		46.95%		46.95%		3,032	
						Average	\$ 27.85

Page 1 of 2
 (over)

FY 21 Projected Concession Sales			
Date	Projected ADP	Average Commision per ADP	Projected Commision
Oct-20	3331	\$ 27.85	\$ 92,769.43
Nov-20	3277	\$ 27.85	\$ 91,265.51
Dec-20	3156	\$ 27.85	\$ 87,895.62
Jan-21	3161	\$ 27.85	\$ 88,034.87
Feb-21	3144	\$ 27.85	\$ 87,561.42
Mar-21	3123	\$ 27.85	\$ 86,976.56
Apr-21	3162	\$ 27.85	\$ 88,062.72
May-21	3194	\$ 27.85	\$ 88,953.93
Jun-21	3255	\$ 27.85	\$ 90,652.80
Jul-21	3297	\$ 27.85	\$ 91,822.52
Aug-21	3322	\$ 27.85	\$ 92,518.78
Sep-21	3338	\$ 27.85	\$ 92,964.38
Total			\$ 1,079,478.55