LEGISLATIVE FACT SHEET

DATE:	04/19/21		Е	BT or RC No:	N/A
			(Adminis	tration & City Counc	cil Bills)
SPONSOR	: Administratio	n/Office of the Sh	neriff		
		(Departm	ent/Division/Agen	cy/Council Member	-)
Contact for	all inquiries and pre	sentations		William Clemer	nt
Provide Na	me:		William Cle	ment	
Co	ontact Number:	63	30-2217		
Er	nail Address:	william.clem	ent@jaxsherif	f.org	
Research will co	ite Paper (Explain Why this omplete this form for Counc f 350 words - Maximu	introduced legislation			ow and the Impact.) Council all other legislation.
positions. The positions that new duties an also amend Al Civil Service Swhich the numamended at the different from the Civil Sis permitted by	they replaced. The 23rd responsibilities. The 2 rticle 17.06(aa) of the Citystem from 20 to 24. A liber of JSO Assistant Chart time; thus, the number the number Assistant Crevice System for all of	Assistant Chief positions have duties Assistant Chief position to increase orior amendment to lef positions was increased for a sistematical and the positions and the positions authorized positions authorized positions authorized SO's Assistant Chiefs	s and responsibilition will take the position is an addite the number of J. Chapter 37 was e reased from 20 to who are exempt zed by the Code, of positions. This	ies that are different place of the last o	nt from the previous Captain the Captain positions, with d position. This bill will s who are exempt from the (Ordinance 2017-758-E), in

This bill will amend Chapter 37 of the Municipal Code to increase the authorized number of Assistant (

APPROPRIATION: Total Ar	mount Appropriated N/A	as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each o	category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
nvalue of state i unumg source(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
realite of in-reind Contribution(3).	То:	Amount:
Name & Number of Bond	From:	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.)	
No funding is required in FY 21 for these newl	ly created Assistant Chief positions.
code provisions for each. ACTION ITEMS: Purpose / Check Listed Code provisions for each.	st. If "Yes" please provide detail by attaching justification, and
Emergency? X g	lustification of Emergency: If yes, explanation must include detailed nature of emergency.
	Explanation: If yes, explanation must include detailed nature of mandate ncluding Statute or Provision.

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
, []	
CIP Amendment? X Contract / Agreement Approval? X	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.
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No Continuation of Grant? 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 Property Certification?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	X	Explanation: List agencies (including City Council / Auc and frequency of reports, including when reports are du (include contact name and telephone number) responsi	ie. Provide	e Department
-	 			
Division Chief:		D	oate:	4/19/2020
		(signature)		
Prepared By:		D	Oate:	4/19/2020
		(signature)		

ADMINISTRATIVE TRANSMITTAL

	MBRC, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	William 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:	(Name, Job Title, Department)
	Phone: 904-630-2217 E-mail: william.clement@jaxsheriff.org
CC:	Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
	904-255-5015 E-mail: <u>leeannk@coj.net</u>
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	Phone: (904) 255-5055 E-mail: psidman@coj.net
_	
From:	In this time, Coursell Month or / Indonordant Agency / Constitutional Officer
	Initiating Council Member / Independent Agency / Constitutional Officer
	Dhana: E mail:
	Phone: E-mail:
Primary	
•	(Name, Job Title, Department)
•	
•	(Name, Job Title, Department)
Contact:	(Name, Job Title, Department) Phone: E-mail:
Contact:	(Name, Job Title, Department) Phone: E-mail: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Contact:	(Name, Job Title, Department) Phone: E-mail: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5015 E-mail: leeannk@coj.net
Contact: CC: Legislatio	(Name, Job Title, Department) Phone:
Contact: CC: Legislatic	(Name, Job Title, Department) Phone: E-mail: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5015 E-mail: leeannk@coj.net
Contact: CC: Legislatic approving Independent	(Name, Job Title, Department) Phone: