

## LEGISLATIVE FACT SHEET

BT22-005  
RC22-004

DATE: 08/06/21

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

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](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.)

This legislation is necessary to appropriate funds required for the 2021-2022 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 \$1,287,126.98 itemized as follows:

- 1) \$112,786.46 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) \$464,519.07 appropriation for Admission packs, indigent packs, law library supplies, recreational equipment, and other related items as well as replacement servers for the existing security cameras.
- 5) \$706,273.45.00 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: \$1,287,126.98 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: \$1,287,126.98
	To: Inmate Welfare Trust Fund - SHCO64AIW - TRSH09 - Fund: 11522 Center: 551103 Activity 00001344	Amount: \$1,287,126.98
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 21-22 revenues.

Inmate Welfare Trust Fund (SHCO64AIW-TRSH09) FY 21-22 Operating Budget, as per Ordinance Code Section 111.300 and Florida State Statute 951.23(9) - New appropriations totaling \$1,287,126.98 itemized as follows:

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- 5) \$706,273.45 appropriation in "Specialized Equipment" for various capital equipment items at the Montgomery Correctional Facility, the Community Transition Facility, and the Pre-Trial Detention Facility.

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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment &amp; 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?</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

**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: 8/6/2021

Prepared By: Virginia Foster King, 70262  
(signature)

Date: 8/6/2021

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)  
Phone: 255-5015 E-mail: [leeannk@coj.net](mailto:leeannk@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  
(Name, Job Title, Department)  
Phone: 904-630-2217 E-mail: [william.clement@jaxsheriff.org](mailto:william.clement@jaxsheriff.org)

CC: Leeann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5015 E-mail: [leeannk@coj.net](mailto:leeannk@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](mailto: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: Leeann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 904-255-5015 E-mail: [leeannk@coj.net](mailto:leeannk@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**