

LEGISLATIVE FACT SHEET

DATE: 11/2/11

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Mayor's Office
PURPOSE/SUMMARY:

AN ORDINANCE CONFIRMING THE APPOINTMENT OF THE INDIVIDUALS NAMED IN THIS ORDINANCE IN AN ACTING CAPACITY FOR THEIR RESPECTIVE POSITIONS UNTIL SUCH TIME AS THE MAYOR'S PROPOSED REORGANIZATION ORDINANCE IS ENACTED AND/OR THEIR RESPECTIVE SUCCESSORS ARE APPOINTED BY THE MAYOR AND CONFIRMED BY THE COUNCIL, WHETHER TO THE SAME POSITIONS OR TO ANY REVISED POSITIONS AS MAY BE SPECIFIED IN THE PROPOSED REORGANIZATION ORDINANCE; WAIVING THE 60-DAY LIMITATION ON MAYORAL APPOINTMENTS TO FILL VACANT POSITIONS, AS SET FORTH IN SECTION 20.103(B), *ORDINANCE CODE*, TO ALLOW FOR THE FOREGOING APPOINTMENTS FOR AN UNSPECIFIED TIME PERIOD AS DESCRIBED ABOVE; REQUESTING EMERGENCY PASSAGE; PROVIDING AN EFFECTIVE DATE.

APPROPRIATION : Total Amount Appropriated: \$ N/A as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: None.

ACTION ITEMS:

Emergency? Yes x No ___ Justification: Period of service for individuals appointed pursuant to Section 20.103(b) will expire before December Council meeting.

Federal or State Mandates Yes ___ No x

Fiscal Year Carryover? Yes ___ No x

CIP Amendment? Yes ___ No x (Attach CIP form)

Contract/Agreement (C/A) Approval Yes ___ No x (Attach a copy only)

C/A negotiations on-going? Yes ___ No x

Oversight Department Required? Yes ___ No x Name of Dept. _____

Related RC?/BT? Yes ___ No x (Attach a copy)
 Waiver of Code? Yes x No ___ (Identify Code Provision § 20.103(b))
 Code Exception? Yes ___ No x (Identify Code Provision _____)
 Continuation Grant? Yes ___ No x
 Surplus Property Certification? Yes ___ No x (Attach a copy)
 Related Enacted Ordinances? Yes ___ No x Ord. # of Previous Ord. _____
 Report Required to City Council/Council Auditors
 Yes ___ No x Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff
 Mayor's Office, Fourth Floor, City Hall at St. James

From: _____
 (Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: Jessica Deal
 (Name, Job Title, Department)

Phone: 630-1776 Fax: _____ E-mail: JDeal@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
 Suite 480, City Hall at St. James

From: _____
 (Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
 (Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED