

LEGISLATIVE FACT SHEET

DATE: November 16, 2011

BT OR RC NUMBER: Not applicable
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Duval County School Board

PURPOSE/SUMMARY: Requesting City Council confirmation of the appointment of the Duval County School Board's representative, Ms. B.J. Laster, on the Civil Service Board. Ms. Laster will replace the School Board's representative, Babette Ashley, for the remainder of the term to expire on June 30, 2012, and then continue for a first full term to expire June 30, 2015.

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: N/A

ACTION ITEMS:

Emergency?	Yes	___	No	<u>X</u>	Justification: _____
Federal or State Mandates	Yes	___	No	<u>X</u>	
Fiscal Year Carryover?	Yes	___	No	<u>X</u>	
CIP Amendment?	Yes	___	No	<u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes	___	No	<u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes	___	No	<u>X</u>	
Oversight Department Required?	Yes	___	No	<u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes	___	No	<u>X</u>	(Attach a copy)
Waiver of Code?	Yes	___	No	<u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes	___	No	<u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes	___	No	<u>X</u>	
Surplus Property Certification?	Yes	___	No	<u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes	___	No	<u>X</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes	___	No	<u>X</u>	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: The School Board of Duval County, Florida
(Name, Job Title, Department)

Phone: Board Secretary, Bonnie Cole 390-2293
Fax: _____ E-mail: coleb@duvalschools.org

Contact person: Bonnie Cole
(Name, Job Title, Department)
Phone: _____ Fax: N/A E-mail: _____

**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