

# LEGISLATIVE FACT SHEET

DATE: 11/9/11

BT OR RC NUMBER: 12-029

SPONSORING AGENCY (Department/Division/Agency): Special Revenue Fund/Recreation and Community Services Dept/Military Affairs, Veterans and Disabled Services Division

**Federal or State Mandates:** Match is State mandated: Grant requires a 33% local match, which will be provided through the in-kind contribution of staff services by the Chief of Military Affairs.

## PURPOSE/SUMMARY:

To appropriate grant funds of \$86,500.00 from the Florida Office of Tourism, Trade and Economic Development for the payment of Military Affairs consulting services. The term of the grant agreement is from date of agreement execution for a period of twelve months.

The required matching funds of \$28,545 will be provided through an "in-kind contribution" of staff services to be performed by the Chief and Manager. Local match can be applied as of September 30, 2012 per attached grant agreement.

**APPROPRIATION:** Total Amount Appropriated: \$115,045 as follows:

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: FL Office of Tourism, Trade and Economic Development Amount: \$86,500

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of In-Kind Contribution Source: City of Jacksonville Amount: \$28,545

**IMPACT - FINANCIAL/OTHER:** This grant funding will be applied to advocacy services provided through the consultant selected by the City of Jacksonville. Although the Base Realignment and Closure Commission (BRAC) analysis has been completed, the City of Jacksonville continues to work a number of defense related issues which impact the ship count and port capabilities at Naval Station Mayport as well as the relocation of squadrons and aircraft to Naval Air Station Jacksonville.

## ACTION ITEMS:

Emergency?	Yes ___ No <u>x</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>x</u>	
Fiscal Year Carryover?	Yes <u>x</u> No ___	_____
CIP Amendment?	Yes ___ No <u>x</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>x</u> No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>x</u>	
Oversight Department Required?	Yes <u>x</u> No <u>e</u>	Name of Dept. <u>RCs/vs</u>
Related RC?/BT?	Yes <u>x</u> No ___	(Attach a copy)
Waiver of Code?	Yes ___ No <u>x</u>	(Identify Code Prov. _____)
Code Exception?	Yes ___ No <u>x</u>	(Identify Code Prov. _____)
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 Prev. Ord. _____
Report Required to City Council/Council Auditors	Yes ___ No <u>x</u>	Date _____ Frequency _____

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**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: Kelley Boree, Acting Director, Recreation & Community Services

Phone: ~~630-3632~~ <sup>255-7908</sup> Fax: ~~630-3639~~ <sup>360-8552</sup> E-mail: Kboree@coj.net

Contact person: Harrison Conyers, Acting Chief, Military Affairs/Veteran Services  
(Name, Job Title, Department)

Phone: 630-3621 Fax: 630-3422 E-mail: hconyers@coj.net

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**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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**