

# LEGISLATIVE FACT SHEET

DATE: 1/4/12

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Jacksonville Health Facilities Auth.

PURPOSE/SUMMARY: City Council approval of \$100,000,000 of tax exempt bonds to be issued by the Authority on behalf of Baptist Health

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:  
Office of General Counsel Revenues/Retained Earnings Amount: \$ \_\_\_\_\_

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

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

IMPACT - FINANCIAL/OTHER: N/A

## ACTION ITEMS:

Emergency?	Yes _____	No <u>X</u>
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 <u>XX</u>	No _____ (Identify Code Provision <u>490.108</u> )
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>
Report Required to City Council/Council Auditors	Yes _____	No <u>X</u> Date _____ Frequency _____

Contact: **Gayle Petrie, Assistant General Counsel**  
Phone: **630-1727**  
E-mail: **gpetrie@coj.net**

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