

LEGISLATIVE FACT SHEET

DATE: May 1, 2012

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Mayor Brown

PURPOSE/SUMMARY: Submission of Tentative Proposed General Fund Budget for FY 12/13

APPROPRIATION: Total Amount Appropriated: \$ NA _____ 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:

ACTION ITEMS:

Emergency?	Yes ___	No <input checked="" type="checkbox"/>	Justification: _____
Federal or State Mandates	Yes ___	No <input checked="" type="checkbox"/>	
Fiscal Year Carryover?	Yes ___	No <input checked="" type="checkbox"/>	
CIP Amendment?	Yes ___	No <input checked="" type="checkbox"/>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___	No <input checked="" type="checkbox"/>	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <input checked="" type="checkbox"/>	
Oversight Department Required?	Yes ___	No <input checked="" type="checkbox"/>	Name of Dept. _____
Related RC?/BT?	Yes ___	No <input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	Yes ___	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No <input checked="" type="checkbox"/>	
Surplus Property Certification?	Yes ___	No <input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	Yes ___	No <input checked="" type="checkbox"/>	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: Glenn Hansen Budget
(Name, Job Title, Department)

Phone: 630-1286 Fax: _____ E-mail: _____

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

Phone: _____ Fax: _____ 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