

LEGISLATIVE FACT SHEET

DATE: 5/24/12
(Administration Bills)

BT OR RC NUMBER: BT 12-081

SPONSOR (Department/Division/Agency/Council Member): Finance/Risk Management

PURPOSE/SUMMARY:

To return excess FY 11 loss provision to the City in the amount of \$409.48, JEA in the amount of \$9,429.78, to the Jacksonville Port Authority in the amount of \$7,872.65, to the Jacksonville Housing Authority in the amount of \$0.00, and to the Jacksonville Aviation Authority in the amount of \$59,204.94. This will not impact the Risk Management case reserve for current operations.

APPROPRIATION: Total Amount Appropriated: \$ 76,916.85 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: Risk Management Amount: \$ 76,916.85

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

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

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 <u>X</u> No ___ | (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: Twane Duckworth, Risk Manager, Finance
(Name, Job Title, Department)

Phone: (904) 630-7208 Fax: (904) 630-2913 E-mail: twaned@coj.net

Contact person: Mitchell Perin, Financial & Administrative Manager, Finance
(Name, Job Title, Department)

Phone: (904) 6300-2929 Fax: (904) 630-2913 E-mail: mperin@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