

LEGISLATIVE FACT SHEET

DATE: _____

BT OR RC NUMBER: 12-096
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): _____

PURPOSE/SUMMARY: To allocate the recapture of general fund unused grant matching funds from closed grants and interest received from the State on a loan to fund a road project to apply to the first 1/3 of the medicaid back log.

APPROPRIATION: Total Amount Appropriated: \$ 3,900,000 as follows:

(Name of Fund as it will appear in title of legislation) General Fund - Jacksonville City wide

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: Interest Income & Transfers from grants (unused matching funds) _____ Amount: \$ 3,900,000

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: _____
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Federal or State Mandates	Yes <u>x</u> _____	No _____	
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: Glenn Hansen, Budget Director
(Name, Job Title, Department)

Phone: 630-1301 Fax: _____ E-mail: ghansen@coj.net

Contact person: Patricia Coleman, Fund Accounting Manager
(Name, Job Title, Department)

Phone: 630-2936 Fax: _____ E-mail: pcoleman@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