

LEGISLATIVE FACT SHEET

DATE: 7/27/12

BT OR RC NUMBER: BT 12-099
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Neighborhoods/Animal Care & Protective Services

PURPOSE/SUMMARY:

Funds provided from American Society for the Prevention of Cruelty to Animals (ASPCA) to cover Cost for Animal Cruelty workshop that has topics such as animal cruelty investigations, large scale Seizures, animals as evidence, ensure safe and handling of animals, Florida Blood Sport Laws, and Florida Animal Cruelty Laws.

APPROPRIATION : Total Amount Appropriated: \$ 3,750 as follows:

(Name of Fund as it will appear in title of legislation) Animal Control Grants

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 <u>X</u>	Justification: _____
<hr/>		
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 ___ 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. _____

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: Scott Trebatoski, Division Chief, Neighborhoods/Animal Care & Protective Services
(Name, Job Title, Department)

Phone: 255-7371 Fax: 588-0050 E-mail: trebatoskis@coj.net

Contact person: Diana K. Shreve, Opr. Coordinator, Neighborhoods, ACPS
(Name, Job Title, Department)

Phone: 255-7362 Fax: 588-0050 E-mail: dianas@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: Scott Trebatoski, Division Chief, Neighborhoods/Animal Care & Protective Services
(Name, Job Title, Department)

Phone: 255-7371 Fax: 588-0050 E-mail: trebatoskis@coj.net

Contact person: Diana K. Shreve, Opr. Coordinator, Neighborhoods, ACPS
(Name, Job Title, Department)

Phone: 255-7362 Fax: 588-0050 E-mail: dianas@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED