

# LEGISLATIVE FACT SHEET

DATE: Wednesday, February 6, 2013

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Mayor's Office  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

AMENDING ORDINANCE 2007-401-E; APPROPRIATING \$26,368,163 (\$26,076,178 FROM DUVAL COUNTY UNIFIED COURTHOUSE PROGRAM AND \$291,985 FROM LONG TERM DEBT ISSUED) TO ENCUMBER FUNDING FOR, AND TO REQUIRE THE BUILD-OUT OF THE STATE ATTORNEY'S OFFICE IN THE OLD FEDERAL COURTHOUSE

APPROPRIATION: Total Amount Appropriated: \$26,368,163.00 as follows:

(Name of Fund as it will appear in title of legislation) Courthouse - Old Federal Courthouse/State Attorney

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: Duval County Unified Courthouse Program & Long term Debt Issued Amount: \$26,368,163.00

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

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

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANICIAL / OTHER:**

None

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2007-401-E</u>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Chris Hand, Chief of Staff, Office of the Mayor

(Name, Job Title, Department)

Phone: 630-1776

E-mail: [chand@coj.net](mailto:chand@coj.net)

Contact Chris Hand, Chief of Staff, Office of the Mayor

Person: (Name, Job Title, Department)

Phone: 630-1776

E-mail: [chand@coj.net](mailto:chand@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

---

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