

# LEGISLATIVE FACT SHEET

DATE: January 17, 2013

BT OR RC NUMBER: 13-032  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): \_\_\_\_\_

**PURPOSE/SUMMARY:**

**Election reform payment from State. Appropriate funding for voter education.  
Grant for Federal Election Activities.**

**APPROPRIATION:** Total Amount Appropriated: \$ \$158,463.87 as follows:

(Name of Fund as it will appear in title of legislation) Election Reform Payment (HAVA)

Name of Federal Funding Source: Help America Vote Act Amount: \$ 137,799.<sup>67</sup>

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

Name of City of Jax Funding Source: Contrib to Federal Projects Amount: \$ 20,669.<sup>20</sup>

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 <u>x</u> No ___	
Fiscal Year Carryover?	Yes <u>x</u> No ___	_____
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: Jerry Holland. Supervisor of Elections\_  
(Name, Job Title, Department)

Phone: \_1414\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: jholland@coj.net

Contact person: \_Robert Phillips, Chief Elections Officer  
(Name, Job Title, Department)

Phone: \_\_8030\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: phillips@coj.net

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

To: Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: Jerry Holland. Supervisor of Elections\_  
(Name, Job Title, Department)

Phone: \_1414\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: \_jholland@coj.net

Contact person: \_\_ Robert Phillips, Chief Elections Officer \_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_8030\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: phillips@coj.net

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

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