

**LEGISLATIVE FACT SHEET**

2013-0188

DATE: 02/06/13

BT or RC No: BT-13-044<sup>3</sup>  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Appropriate Funds received via Petrie Foundation & ASPCA for outplacement services for dogs. Grant was applied for and accepted per section 462.1401 when unplanned opportunity arose for the funds. No City matching or in kind contribution required.

APPROPRIATION: Total Amount Appropriated: \$44,600.00 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: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bond Account Number: \_\_\_\_\_

**IMPACT - FINANICIAL / OTHER:**

No adverse impact. New private dollars funding a new program to increase adoptions and reduce costs of boarding and care days by moving animals more quickly into foster care or rescue.

**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"/>	<input type="text"/>
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>Ord. 111 &amp; 462</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: Scott Trebatoski, Division Chief, ACPS Division, Neighborhoods Dept.

(Name, Job Title, Department)

Phone: 255-7371

E-mail: trebatos@coj.net

Contact John Page, Operations Manager, Animal Care & Protective Services Division

Person: (Name, Job Title, Department)

Phone: 255-7361

E-mail: jpage@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

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.

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