

LEGISLATIVE FACT SHEET

DATE: Wednesday, May 22, 2013

BT or RC No: _____
(Administration Bills)

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

PURPOSE/SUMMARY:

AN ORDINANCE AMENDING BOARD MEMBERSHIP TO ALLOW PARTICIPATION BY ALL COUNTY RESIDENTS; AMENDING SECTION 90.101 (BOARD OF LIBRARY TRUSTEES), CHAPTER 90 (BOARD OF LIBRARY TRUSTEES), ORDINANCE CODE, TO STATE THAT MEMBERSHIP IS RESTRICTED IN PART TO COUNTY RESIDENTS; AMENDING SECTION 57.101 (MEMBERSHIP; TERMS), CHAPTER 57 (TAXATION, REVENUE AND UTILIZATION OF EXPENDITURES COMMISSION), ORDINANCE CODE, TO STATE THAT MEMBERSHIP IS RESTRICTED TO COUNTY RESIDENTS.

APPROPRIATION: Total Amount Appropriated: _____ N/A 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 - FINANCIAL / OTHER:

N/A

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"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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: Mia Jones, Special Assistant to Mayor

(Name, Job Title, Department)

Phone: 630-1653

E-mail: miajones@coj.net

Contact Mia Jones, Special Assistant to Mayor

Person: (Name, Job Title, Department)

Phone: 630-1653

E-mail: miajones@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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED