

LEGISLATIVE FACT SHEET

2013-0376

DATE: 05/13/13

BT or RC No: BT 13-068
(Administration Bills)

SPONSOR: Military Affairs, Veterans and Disabled Services Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate grant funds of \$200,000.00 from the Florida Defense Support Task Force/Enterprise Florida, Inc. These funds are being utilized for advocacy efforts for the federal funding of a maritime research and development center near NS Mayport. The term of the grant agreement is from date of agreement execution until the Final Audit Report is accepted by Enterprise Florida, Inc.

APPROPRIATION: Total Amount Appropriated: \$250,000.00 as follows:
(Name of Fund as it will appear in title of legislation) Advocacy for Fed. Funded Maritime R & D Center- near NS Mayport
Name of Federal Funding Source: _____ Amount: _____
Name of State Funding Source: Florida Dept. of Econ. Opp./Enterprise Florida Inc. Amount: \$200,000.00
Name of City of Jax Funding Source: _____ Amount: _____
Name of In-Kind Contribution: COJ- Personnel Amount: \$50,000.00
Name of Bond Acct: _____ Amount: _____
Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

[Empty box for impact details]

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>

Justification of Emergency:
[Empty box]

(Attach CIP Form(s))
(Attach a copy)

Name of Dept.: _____
(Attach a copy)

Identify Code: _____

Identify Code: _____

(Attach a copy)

Ordinance #: _____

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: RADM Vic Guillory, USN (ret), Director, Military Affairs, Veterans and Dis. Serv.

(Name, Job Title, Department)

Phone: 630-3680

E-mail: _____

Contact Harrison Conyers, Vet. And Comm. Outreach Manager, MAVDS

Person: (Name, Job Title, Department)

Phone: 630-3621

E-mail: hconyers@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: RADM Vic Guillory, USN (ret), Director, Military Affairs, Veterans and Dis. Serv.

(Name, Job Title, Department)

Phone: 630-3680

E-mail: _____

Contact Harrison Conyers, Vet. And Comm. Outreach Manager, MAVDS

Person: (Name, Job Title, Department)

Phone: 630-3621

E-mail: hconyers@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED