			<u>E FACT SHEET</u>	and a set
DATE:	06/05/13		BT or RC No	: BT 13-078
		/	(Administration	Bil ls)
SPONSOR:	Employee Service	s Departmen	t	
(Department/Division/Agency/Council Member)				
PURPOSE/S	UMMARY:			
the Mayor's Sun professional wor	nmer Jobs Program. The pi ik experience, acquire incre d responsibility. The progra	rogram is a com lased understand	on grant from the Department of prehensive tool that provides Ja ding and knowledge of the work ip with the Parks & Recreation	cksonville youth real life environment, employer
	TION: Total Amount	••••	\$222,008.00) as follows:
•	as it will appear in title of leg	pislation)		A A
Name of Federal Funding Source:				Amount:
Name of State Funding Source: Department of Juvenile Justice				Amount: \$222,00
Name of City of	Amount:			
Name of In-Kind Contribution:				_ Amount:
Name of Bond A Bond Account N				Amount:
Bond Account N				_ Amount:
Bond Account N IMPACT - FIN Grant funds are I ACTION ITEN Emergency	umber: IANICIAL / OTHER: provided by the Department /IS:	t of Juvenile Just	ice. No match is necessary. Justification of Emergency:	-
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year	umber: IANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent t	of this award May 28, 2013,
Bond Account N IMPACT - FIN Grant funds are ACTION ITEN Emergency Federal or S Fiscal Year (CIP Amendr	umber: IANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent to (Attach CIP Form(s))	of this award May 28, 2013,
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year CIP Amendr Contract / Ag	umber: JANICIAL / OTHER: provided by the Department AS: Als: Als: Als: Als: Als: Als: Als: Als	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent t	of this award May 28, 2013,
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year CIP Amendr Contract / A C/A Negotia	umber: IANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent to (Attach CIP Form(s))	of this award May 28, 2013, by September 30, 2013.
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year CIP Amendr Contract / A C/A Negotia	umber: ANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent to (Attach CIP Form(s)) (Attach a copy)	of this award May 28, 2013, by September 30, 2013.
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year (CIP Amendr Contract / A C/A Negotia Oversight De	umber: ANICIAL / OTHER: provided by the Department AS: Partial Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required? BT?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent to (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Employee St (Attach a copy)	of this award May 28, 2013, by September 30, 2013.
Bond Account N <u>IMPACT - FIN</u> <u>Grant funds are I</u> ACTION ITEN Emergency Federal or S Fiscal Year (CIP Amendr Contract / A C/A Negotial Oversight De Related RC/ Waiver of Co	umber: ANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required? BT? ode? tion?	Yes No X X X X X X X X X X X	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent I (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Employee Si (Attach a copy) Identify Code:	of this award May 28, 2013, by September 30, 2013.
Bond Account N IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year (CIP Amendr Contract / A C/A Negotia Oversight De Related RC/ Waiver of Co Code Except Continuation	umber: ANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required? BT? ode? tion? of Grant?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent I (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Employee Si (Attach a copy) Identify Code:	of this award May 28, 2013, by September 30, 2013.
Bond Account No IMPACT - FIN Grant funds are (ACTION ITEN Emergency Federal or S Fiscal Year CIP Amendr Contract / Ag C/A Negotia Oversight De Related RC/ Waiver of Co Code Excep Continuation Surplus Prop	umber: ANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required? BT? ode? tion? of Grant? perty Certification?	Yes No X X X X X X X X X X X X X	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent the (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Employee Si (Attach a copy) identify Code: Identify Code: (Attach a copy)	of this award May 28, 2013, by September 30, 2013.
Bond Account N <u>IMPACT - FIN</u> <u>Grant funds are p</u> ACTION ITEN Emergency Federal or S Fiscal Year (CIP Amendr Contract / A C/A Negotial Oversight De Related RC/ Waiver of Co Code Except Continuation Surplus Prop Related Ena	umber: ANICIAL / OTHER: provided by the Department AS: State Mandates? Carryover? ment? greement (C/A) Approval? tions On-going? epartment Required? BT? ode? tion? of Grant?	Yes No	ice. No match is necessary. Justification of Emergency: The City received notification and all funds must be spent I (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Employee Si (Attach a copy) Identify Code:	of this award May 28, 2013, by September 30, 2013.

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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: Tracey D. Watkins, Chief of Employee and Labor Relations, Employee Services
(Name, Job Title, Department)
Phone: 630-2414 E-mail: twatkins@coi.net

Contact Rebecca Zeigler, Training Specialist, Employee Services
Person: (Name, Job Title, Department)

Phone: 630-4634

E-mail: <u>RZeigler@coj.net</u>

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