

**LEGISLATIVE FACT SHEET**

2013-0454

DATE: 06/03/13

BT or RC No: BT13 - 076  
(Administration Bills)

SPONSOR: Finance/Risk Management  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

To return excess FY 12 Loss Provision to JEA in the amount of \$1,306,019.30, to the JEA-WSU in the amount of \$1,149,061.97, to the JPA in the amount of \$221,583.03 and to the JAA in the amount of \$ 164,342.39. This will not impact the Risk Management Case Reserves for current operations.

APPROPRIATION: Total Amount Appropriated: \$2,841,006.69 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: Risk Management Amount: \$2,841,006.69

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANICIAL / OTHER:**

No impact to Risk Management

**ACTION ITEMS:**

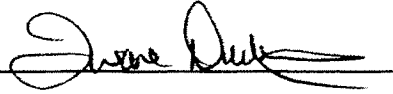
|                                                      | Yes                                 | No                                  |                                |
|------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| 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"/> |                                |
| Oversight Department Required?                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Name of Dept.: _____           |
| Related RC/BT?                                       | <input checked="" type="checkbox"/> | <input 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>2013 - TBD</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: Twane Duckworth, Risk Manager, Finance



(Name, Job Title, Department)

Phone: 904-630-7208

E-mail: twaned@coj.net

Contact Mitchell Perin, Financial & Administrative Manager, Finance

Person: (Name, Job Title, Department)

Phone: 904-630-2929

E-mail: mperin@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**