LEGISLATIVE FACT SHEET 2014-0200

DATE:	02/05/14			BT or RC No:	N/	Α	
				(Administration E	lills)		
SPONSOR:	Neighborhoods/Environmental Quality/Environmental Protection Board						
		(De	partmen	t/Division/Agency/Council Mem	ber)		
PURPOSE/SUN	MARY:						
Building Certificatio	n Refund program) throu	igh fisca	year 20	eriod for the Sustainable Buildin 17. Funding in this account wa November 18, 2013 meeting an	s initially appropr	iated via	
APPROPRIATIO	ON: Total Amount	Approp	riated:	\$74,000.00	as follows:		
(Name of Fund as i	t will appear in title of leg	islation)		Sustainable Buildin	ngs Program		
Name of Federal Fu	Amount:						
Name of State Fund	Amount:						
Name of City of Jax	Amount:	\$74,000.00					
Name of In-Kind Co	Amount:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Name of Bond Acct	Amount:						
Bond Account Num	Amount.						

IMPACT - FINA	NICIAL / OTHER:						
No fiscal impact is a	anticipated.						
ACTION ITEMS	:	Yes	No				
Emergency?			Х	Justification of Emergency:			
Federal or Stat	e Mandates?		Х				
Fiscal Year Ca	rryover?	Х					
CIP Amendme							
Contract / Agre	ement (C/A) Approval?		X	(Attach a copy)			
C/A Negotiation	ns On-going?		X				
Oversight Depart	artment Required?	X		Name of Dept.: Neighborhoo	ds		
Related RC/BT	?		X	(Attach a copy)			
Waiver of Code			X	Identify Code:			
Code Exception		_	X	Identify Code:			
Continuation of		<u> </u>	X				
·	ty Certification?		X	(Attach a copy)			
	ed Ordinances?	X	1	Ordinance #: 2009-211-E			
Report Require Council Audito	ed to City Council or ors?		LX	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: Terrance Ashanta-Barker, Director, Neighborhoods Department (Name, Job Title, Department)									
	Phone: _	255-7239	E-mail:	TAshanta-Ba	rker@coj.net				
Contact John Shellhorn, Acting Chief, Environmental Quality Division									
Person	•	Title, Department)		01 111					
	Phone: _	255-7101	E-mail:	Shellhorn	(a)coj.net				
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL									
То:	Peggy Sid Phone:	Iman, Office of Gene 630-4647	•						
From:									
	(Name, Job Title, Department)								
	Phone:		E-mail:						
Contac	t								
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