

# LEGISLATIVE FACT SHEET 2014-0272

DATE: 04/03/14

BT or RC No: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Amends legislation related to the Jacksonville Fire Museum Advisory Board.

**APPROPRIATION:** Total Amount Appropriated: \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: _____	Amount: <u>NA</u>
Name of State Funding Source: _____	Amount: <u>NA</u>
Name of City of Jax Funding Source: _____	Amount: <u>NA</u>
Name of In-Kind Contribution: _____	Amount: <u>NA</u>
Name of Bond Acct: _____	Amount: <u>NA</u>
Bond Account Number: _____	

**IMPACT - FINANCIAL / OTHER:**

No financial Impact

**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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>1985-1462</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: Mia Jones, Admin Aid, Executive Office of the Mayor

(Name, Job Title, Department)

Phone: 904-630-1653

E-mail: [miajones@coj.net](mailto:miajones@coj.net)

Contact Mia Jones, Admin Aid, Executive Office of the Mayor

Person: (Name, Job Title, Department)

Phone: 904-630-1653

E-mail: [miajones@coj.net](mailto: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](mailto:psidman@coj.net)

From: Mia Jones, Admin Aid, Executive Office of the Mayor

(Name, Job Title, Department)

Phone: 904-630-1653

E-mail: [miajones@coj.net](mailto:miajones@coj.net)

Contact Mia Jones, Admin Aid, Executive Office of the Mayor

Person: (Name, Job Title, Department)

Phone: 904-630-1653

E-mail: [miajones@coj.net](mailto:miajones@coj.net)

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**