## LEGISLATIVE FACT SHEET 2014 - 0301

DATE:	04/21/14			BI	OF RU NO:	14-057	
				(Ad	ministration B	ills)	
CDONCOD:	Dorka Pagrantian	and Co	mmun	ity Sandoos			
SPONSOR:	Parks, Recreation			t/Division/Agency/	Council Memi	her	
		(56	partifici	in Division in Agency	Council Menn	<i>bei)</i>	
PURPOSE/SI	JMMARY:						
Hit							
	of the municipal code, author						
	e Parks, Recreation and Co ramming per the attached.	ommunity	y Service	es Department requ	uests spendin	ig authorization f	or \$50,000
donated for prog	ranning per inc autorios.						
APPROPRIA <sup>*</sup>	ΓΙΟΝ: Total Amount /	Approp	riated:	\$	25,000.00	as follows:	
(Name of Fund a	s it will appear in title of leg	islation)					
•	Funding Source:					Amount:	
						Amount:	<b>,</b>
Name of State Funding Source:						Amount:	\$50,000,00
Name of City of Jax Funding Source: Community Activities Trust  Name of In-Kind Contribution:						Amount:	Ψου,σου.σο
							<b>,</b>
Name of Bond A						Amount:	
Bond Account No	umber:		-				
IMPACT FIR	IANIOIAL /OTUED						
IMPACT - FIN	IANICIAL / OTHER:	···					
			_				
ACTION ITEM	AC.	Voo	No				
Emergency?		Yes	T <sub>X</sub>	Justification of E	mergency.		
-	tate Mandates?	$\vdash$	×	Cuotinication of E	morgonoy.		
Fiscal Year		×					
CIP Amendr	-		X	(Attach CIP Form	n(s))		
Contract / A	greement (C/A) Approval?		х	(Attach a copy)	. ,,		
	tions On-going?		×				
Oversight De	epartment Required?	×		Name of Dept.:	Parks, Recre	ation and Comm	unity Svs
Related RC/	•	×		(Attach a copy)			
Waiver of Co	ode?		×	Identify Code:			
Code Excep	tion?		×	Identify Code:			, p
Continuation			x	•			
	perty Certification?	H	x	(Attach a copy)			
	cted Ordinances?		x	Ordinance #:		-	
Report Real	ired to City Council or		х	^	***************************************		<del></del>
Council Au		1	<u></u>	Date.	,	Frequency:	

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o	Roselyn Chall, Bud	get Office, St. James Suite 325					
Cc:	Chris Hand, Chief of Staff, Office of the Mayor							
From:	Kelley Bore	e, Director, Parks, F	Recreation & Community Services					
	(Name, Job T	itle, Department)						
	Phone:	255-7908	E-mail: <u>kboree@coj.net</u>					
Contac	t Claire Stine	)						
Person	: (Name, Job T	itle, Department)						
	Phone:	255-8266	E-mail: cstine@coj.net					
COU	VCIL MEMB	ER / INDEPENDEN	T AGENCY / CONSTITUTIONAL OFFICER T	RANSMITTAL				
To:	Peggy Sidn	nan, Office of Gener	ral Counsel, St. James Suite 480					
То:	Peggy Sidn Phone:	nan, Office of Gener 630-4647	ral Counsel, St. James Suite 480 E-mail: psidman@coj.net					
		,	•					
To: From:	Phone:	,	•					
	Phone:  (Name, Job T	630-4647	•					
From:	Phone:  (Name, Job Ti Phone:	630-4647	E-mail: psidman@coj.net					
From:	Phone: (Name, Job Ti	630-4647 itle, Department)	E-mail: psidman@coj.net					
From:	Phone:  (Name, Job Ti Phone:  t : (Name, Job Ti	630-4647 itle, Department)	E-mail: psidman@coj.net  E-mail:					
From:	Phone:  (Name, Job Ti Phone:  t : (Name, Job Ti	630-4647 itle, Department)	E-mail: psidman@coj.net					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED