## LEGISLATIVE FACT SHEET 2014-0380

DATE: <u>April 21, 2014</u>	BT OR F	RC NUMBE tration Bills	CR: <u>14-06</u> )	, <u>L</u>	
SPONSOR (Department/Division/Agency, Department/Municipal Code Compliance Di	/Council I vision/Ma	Member): Ro yor's Office	egulatory Con	npliance	
PURPOSE/SUMMARY: To provide fundir code violations city-wide	ng for nuis	sance abaten	nent contraction	ng to remove prope	rty
APPROPRIATION: Total Amount Ap	propriated	l: <u>\$ 1,060,0</u>	40.10 as follo	ows:	
Name of Fund as it will appear in title of	legislatio	n)			
Name of Federal Funding Source:					
Name of State Funding Source:		<del></del>	_ Amount: \$		
Name of City of Jax Funding Source: <u>Specia</u>	l Fund HN	IPS1L2NA	_Amount: \$_1	,060,040.10	
Name of In-Kind Contribution Source:			Amount: \$		
Name of Bond Acct			Amount: \$		
Number					
IMPACT - FINANCIAL/OTHER: Per abatement/compliance of Chapter 518-Proper requests fiscal year carryover of funds.					
ACTION ITEMS:					
Emergency?	Yes	No	Justification	•	
Federal or State Mandates	Yes	No		·	<del></del>
Fiscal Year Carryover?	Yes X	No			
•	Yes	No	(Attach CIP	form)	_
Contract/Agreement (C/A) Approval		No	(Attach a cor		
	Yes	No	(	,,,,, ,	
0 0 0	Yes	No	Name of Dep	ot.	
	Yes	No	(Attach a co		
	Yes	No	_	de Provision	)
	Yes	No		de Provision	
<u>-</u>	Yes	No	(10000000)		
	Yes	No No	(Attach a cop	ov)	
	Yes $\overline{X}$		-	vious Ord. 2007-28	6-E
Report Required to City Council/Cou					
	Vec		Date	Frequency	

## **ADMINISTRATION TRANSMITTAL**

To:	MBRC, c/o Roselyn	Chall, Budget Division, Suite 325	5
CC:	Teresa Eichner Mayor's Office, Four	th Floor, City Hall at St. James	
From:	Robert Prado, Acting (Name, Job Title, Department	Chief, Municipal Code Complia	nce Div., Regulatory Compliance Dept.
	Phone: <u>255-7002</u>	Fax: <u>588-0516</u>	E-mail: <u>rprado@coj.net</u>
Contac	(Name, Job Title	e, Department)	Compliance, Regulatory Compliance Dep
	Phone: <u>255-7002</u>	Fax: <u>588-0516</u>	E-mail: <u>rprado@coj.net</u>
			TAICH / CONCIDENTIATION AT
		OFFICER TRANSM	ENCY / CONSTITUTIONAL ITTAL
To:		OFFICER TRANSM 647), Office of General Counsel	
	Peggy Sidman (630-4 Suite 480, City Hall a	OFFICER TRANSM 647), Office of General Counsel	
То:	Peggy Sidman (630-4 Suite 480, City Hall a	OFFICER TRANSM 647), Office of General Counsel at St. James	
To: From:	Peggy Sidman (630-4 Suite 480, City Hall a (Name, Job Title, Department) Phone:	OFFICER TRANSM 647), Office of General Counsel at St. James  Fax:	<u>ITTAL</u> E-mail:
To: From:	Peggy Sidman (630-4 Suite 480, City Hall a (Name, Job Title, Department) Phone:	OFFICER TRANSM 647), Office of General Counsel at St. James  Tax:  Job Title, Department)	ITTAL  E-mail:

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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