

# LEGISLATIVE FACT SHEET

2014-0387

DATE: May 12, 2014

BT OR RC NUMBER: BT-14-067  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Supervisor of Elections

**PURPOSE/SUMMARY:**

Election Reform Payment from State, Appropriate funding for voter education, grant for federal election activities

APPROPRIATION: Total Amount Appropriated: \$ 107399.09 as follows:

(Name of Fund as it will appear in title of legislation) Election Reform Payment (HAVA)

Name of Federal Funding Source: Contribution from Federal Gov Amount: \$ 93,390.51

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: Reserves for Fed Programs Amount: \$ 14,008.58

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

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

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

Emergency?	Yes ___ No <u>x</u>	Justification: _____
Federal or State Mandates	Yes <u>x</u> No ___	
Fiscal Year Carryover?	Yes <u>x</u> No ___	_____
CIP Amendment?	Yes ___ No <u>x</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>x</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>x</u>	
Oversight Department Required?	Yes ___ No <u>x</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>x</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>x</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>x</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>x</u>	
Surplus Property Certification?	Yes ___ No <u>x</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___ No <u>x</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes ___ No <u>x</u>	Date _____ Frequency _____

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Jerry Holland, Supervisor of Elections\_  
(Name, Job Title, Department)

Phone: \_1414\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: jholland@coj.net

Contact person: \_Robert Phillips, Chief Elections Officer  
(Name, Job Title, Department)

Phone: \_\_8030\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: phillips@coj.net

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**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL  
OFFICER TRANSMITTAL**

To: James McCain, Office of General Counsel  
Suite 480, City Hall at St. James

From: Jerry Holland, Supervisor of Elections\_  
(Name, Job Title, Department)

Phone: \_1414\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: \_jholland@coj.net

Contact person: \_\_Robert Phillips, Chief Elections Officer \_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_8018\_\_\_\_\_ Fax: \_\_\_2920\_\_\_\_\_ E-mail: phillips@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**