LEGISLATIVE FACT SHEET

DATE:	07/16/14			BT or RC No:		
				(Administration E	sills)	
SPONSOR:	Office of General C	Counsel				
		(Depart	ment	/Division/Agency/Council Mem	ber)	
PURPOSE/SU	IMMARY:					
ENGAGEMENT AG COUNSEL WITH RI	REEMENT WITH AKERMAN EGARD TO KEY CASES ANI	, LLP, TO SEF D MATTERS II	RVE A N VAI	ECIAL COUNSEL), ORDINANCE AS SPECIAL COUNSEL TO PROV RYING DEGREES OF COMPLETI D BY COUNCIL IN SUBSEQUENT	IDE FOR A COI ON; PROVIDING	NTINUATION OF
APPROPRIAT	ION: Total Amount A	Appropriate	ed:	\$150,000.00	as follows:	:
(Name of Fund as	it will appear in title of leg	islation)				_
Name of Federal	Funding Source:				Amount:	
Name of State Fu	nding Source:				Amount:	
Name of City of Ja	ax Funding Source: Trans	sfer from Retai	ined E	Earnings	Amount:	\$150,000.00
Name of In-Kind (Contribution:				Amount:	
Name of Bond Ac	ct:				Amount:	
Bond Account Nu						
IMPACT - FIN	ANICIAL / OTHER:					
ACTION ITEM	S:	Yes N	No			
Emergency?		х		Justification of Emergency:		
Federal or St	ate Mandates?			There are numerous filing deadling	nes are approach	ning, the first of
Fiscal Year C	-	х		which is an August 4, 2014 deadl	ine.	
CIP Amendm				(Attach CIP Form(s))		
	reement (C/A) Approval? ions On-going?	X		(Attach a copy)		
_	partment Required?			Name of Dept.:		
Related RC/E	•			(Attach a copy)		
Waiver of Co	de?			Identify Code:		
Code Except				Identify Code:		
Continuation						
	erty Certification?		_	(Attach a copy)		
	cted Ordinances?		_	Ordinance #:		
Council Aud	ired to City Council or litors?			Date:	Frequency:	

ADMINISTRATIVE TRANSMITTAL

To:	IVIBRU, C/O	Roseiyn Chail, Bu	dget Office, St. James Suite 325				
Cc:	Chris Hand, Chief of Staff, Office of the Mayor						
From:	Jason R. G	abriel, General Co	punsel				
	(Name, Job T	itle, Department)					
	Phone:	630-1724	E-mail: <u>Jgabriel@coj.net</u>				
Contac	t Jason R. G	abriel, General Co	punsel				
Person	i: (Name, Job T	itle, Department)					
	Phone:	630-1724	E-mail: <u>Jgabriel@coj.net</u>				
		_					
COU	NCIL MEMB	ER / INDEPENDE	NT AGENCY / CONSTITUTIONAL OFFICER TRANS	MITTAL			
		0.00	10 10 1 0 1 100				
To:	00,	•	eral Counsel, St. James Suite 480				
To:	Peggy Sidn Phone:	nan, Office of Gen 630-4647	eral Counsel, St. James Suite 480 E-mail: psidman@coj.net				
	00,	•	·				
To: From:	Phone:	•	·				
	Phone:	630-4647 itle, Department)	E-mail: psidman@coj.net				
	Phone:	630-4647	E-mail: psidman@coj.net				
	Phone: (Name, Job T Phone:	630-4647 itle, Department)	E-mail: psidman@coj.net				
From:	Phone: (Name, Job T Phone:	630-4647 itle, Department)	E-mail: psidman@coj.net				
From:	Phone: (Name, Job T Phone: ct (Name, Job T	630-4647 itle, Department)	E-mail: psidman@coj.net E-mail:				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED