

LEGISLATIVE FACT SHEET 2014-0488

DATE: 06/17/14

BT or RC No: _____
(Administration Bills)

SPONSOR: Regulatory Compliance/ Mosquito Control Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Authorize the Mayor and Corporate Secretary to sign an Interlocal Agreement with the Amelia Island Mosquito Control District of Nassau County, Florida (AIMCD), for cooperation in a program of mosquito control, specifically to provide aerial spray services to AIMCD on an "as available" basis and invoice AIMCD for recovery of expenses and/or replenishment of supplies.

APPROPRIATION: Total Amount Appropriated: N/A as follows:

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

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

Amelia Island Mosquito Control Distric requests occasional aerial spraying to control overwhelming mosquito infestations. Services are reimbursed in accordance with the fee schedule in Chapter 123.102(c)(2) of the City's *Ordinance Code*. Estimated annual reimbursement is less than \$5,000.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
CIP Amendment?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy) DRAFT Ordinance attached
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: _____
C/A Negotiations On-going?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Related RC/BT?	<input type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Code Exception?	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2010-339</u>
Continuation of Grant?	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____ Frequency: _____
Surplus Property Certification?	<input type="checkbox"/>	<input type="checkbox"/>	
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input type="checkbox"/>	

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: Kimberly Scott, Director, Regulatory Compliance Department

(Name, Job Title, Department)

Phone: 255-7014

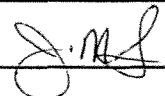
E-mail: kscott@coj.net

Contact John M. Shellhorn, Chief, Mosquito Control Division

Person: (Name, Job Title, Department)

Phone: 696-4374

E-mail: jshellhorn@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

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED