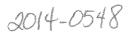
LEGISLATIVE FACT SHEET 2014-0548



DATE:	07/16/14		BT or RC No:					
				(Ad	ministration	Bills)		
SPONSOR:	Mayor's Office							
		(De	partmen	t/Division/Agency/	Council Men	nber)		
PURPOSE/SU	IMMARY:							
1 0111 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	0.4.1						No. Comp.	
	nance Code to provide a m Legal Aid, Inc. This progr							
APPROPRIATION: Total Amount Appropriated: as follows:						vs:		
(Name of Fund as	s it will appear in title of leg	islation)						
Name of Federal Funding Source:						Amount:	NA	
Name of State Funding Source:						Amount:	NA	
Name of City of Jax Funding Source:						- Amount:	NA	
Name of In-Kind Contribution:						- Amount:	NA	
Name of Bond Acct:						- Amount:	NA	
Bond Account Nu	mhar					-		
						_		
IMPACT - FIN	ANICIAL / OTHER:							

No greater than \$	1,000,000 in any given yea	ar.			//			
ACTION ITEM	IS:	Yes	No					
Emergency?			Х	Justification of E	mergency:			
Federal or S	tate Mandates?		X					
Fiscal Year (Carryover?		X				,	
CIP Amenda	nent?		X	(Attach CIP Form	n(s))			
Contract / Ag	greement (C/A) Approval?		X	(Attach a copy)				
C/A Negotiat	tions On-going?		X					
Oversight De	epartment Required?		X	Name of Dept.:				
Related RC/I	BT?		X	(Attach a copy)				
Waiver of Co	ode?		X	Identify Code:				
Code Except	tion?		X	Identify Code:	**************************************			
Continuation			X	,	,			
	perty Certification?		X	(Attach a copy)				
•	cted Ordinances?		X	Ordinance #:				
	ired to City Council or		X	•				
Council Au	•			Date:		Frequency:		

ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325						
Cc:	Chris Hand, Chief of Staff, Office of the Mayor						
_							
From:	Chris Hand, Chief of Staff, Executive Office of the Mayor						
	(Name, Job 1	Title, Department)					
	Phone:	904-630-1776	E-mail: chand@coj.net				
Contact Chris Hand, Chief of Staff, Executive Office of the Mayor							
Person: (Name, Job Title, Department)							
	Phone:	904-630-1776	E-mail: chand@coj.net				
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL							
To:	James Mc	Cain Office of Gene	ral Counsel, St. James Suite 480				
	Phone:	630-7130	E-mail: <u>iMcCain@coj.net</u>				
	,,,,,,,	230 7 700	jr.zodanie bojinot				
From:	Chris Hand, Chief of Staff, Executive Office of the Mayor						

Contact Chris Hand, Chief of Staff, Executive Office of the Mayor

904-630-1776

Person: (Name, Job Title, Department)

Phone:

Phone: 904-630-1776

(Name, Job Title, Department)

E-mail: chand@coj.net

E-mail: chand@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED