

LEGISLATIVE FACT SHEET

2014-0548

DATE: 07/16/14

BT or RC No: _____
(Administration Bills)

SPONSOR: Mayor's Office
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Amends the Ordinance Code to provide a matching grant program to low-income persons through contributions to Jacksonville Area Legal Aid, Inc. This program ensures adequate funding of critical legal services for low-income citizens.

APPROPRIATION: Total Amount Appropriated: _____ as follows:

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

Name of Federal Funding Source: _____	Amount: <u>NA</u>
Name of State Funding Source: _____	Amount: <u>NA</u>
Name of City of Jax Funding Source: _____	Amount: <u>NA</u>
Name of In-Kind Contribution: _____	Amount: <u>NA</u>
Name of Bond Acct: _____	Amount: <u>NA</u>
Bond Account Number: _____	

IMPACT - FINANICIAL / OTHER:

No greater than \$1,000,000 in any given year.

ACTION ITEMS:

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

Date: _____ Frequency: _____

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

(Name, Job 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 McCain, Office of General Counsel, St. James Suite 480

Phone: 630-7130

E-mail: jMcCain@coj.net

From: Chris Hand, Chief of Staff, Executive Office of the Mayor

(Name, Job 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

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED