

LEGISLATIVE FACT SHEET

DATE: September 9, 2014 AUG -9 PM 4: 03 BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Council President at the request of Supervisor of Elections

PURPOSE/SUMMARY:
Combining Precinct locations to reduce operating costs in order to meet extraordinary lapse requirement

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

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

- 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 Source: _____ Amount: \$ _____
- Name of Bond Acct _____ Amount: \$ _____
Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

- Emergency? Yes No _____ Justification: Meet lapse requirement of 2014/2015 Budget
- Federal or State Mandates Yes _____ No
- Fiscal Year Carryover? Yes _____ No
- CIP Amendment? Yes _____ No (Attach CIP form)
- Contract/Agreement (C/A) Approval Yes _____ No (Attach a copy only)
- C/A negotiations on-going? Yes _____ No
- Oversight Department Required? Yes _____ No Name of Dept. _____
- Related RC?/BT? Yes _____ No (Attach a copy)
- Waiver of Code? Yes _____ No (Identify Code Provision _____)
- Code Exception? Yes _____ No (Identify Code Provision _____)
- Continuation Grant? Yes _____ No
- Surplus Property Certification? Yes _____ No (Attach a copy)
- Related Enacted Ordinances? Yes _____ No Ord. # of Previous Ord. _____
- Report Required to City Council/Council Auditors
Yes _____ No 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

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

To: Peggy Sidman (630-4647), 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: ___8030_____ Fax: ___2920_____ E-mail: phillips@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED