

LEGISLATIVE FACT SHEET 2015-0658

DATE: 11/21/14

BT or RC No: BT15023
(Administration Bills)

SPONSOR: Parks, Recreation and Community Services Department/Disabled Services Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate funds to provide ongoing miscellaneous assistance, as well as sponsorship of various community activities for people with disabilities to improve accessibility awareness and the quality of life for persons with a disability in Duval. \$142,500.00- See Attachment A

APPROPRIATION: Total Amount Appropriated: \$142,500.00 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: <u>Handicap Parking Fines and Forfeits Trust Fund</u>	Amount: <u>\$142,500.00</u>
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANCIAL / OTHER:

The above appropriation is funded solely from revenues already deposited and deposited and posted to the Handicapped Parking Trust Fund via Tax Collector and the Clerk of Courts; without the utilization of these funds Disabled Services Office will be unable to fulfill the Department of Justice Settlement Agreement or provide services and duties to the Disabled Community.

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"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input 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.: <u>Military Affairs, Veterans and Disabled Services Department</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	

Date: October 2014 / March 2015 Frequency: 6 Months

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: Elizabeth Meyer, Chief, Disabled Services Division

(Name, Job Title, Department)

Phone: 904-630-4940

E-mail: Bmeyer@coj.net

Contact Elizabeth Meyer, Chief, Disabled Services Division

Person: (Name, Job Title, Department)

Phone: 904-630-4940

E-mail: Bmeyer@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