

# LEGISLATIVE FACT SHEET    2015-0069

DATE: 12/01/14

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Intra-Governmental Services/Fleet Management  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

JFRD would like to remove vehicle 4104-20 from the approved replacement list and add vehicle 4117-20 to the list. Vehicle 4117-20 requires major engine repairs and is not cost effective to repair. Both vehicles are 2008 model rescues. Vehicle 4104-20 can continue in service. Public Works would like to remove vehicle 8926-10 from the approved replacement list and add vehicle 3262-20 to the list. Vehicle 3262-20 requires major engine repairs and is not cost effective to repair. Both vehicles are dump trucks. Vehicle 8926-10 can continue in service.

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) Fleet Vehicle Replacement Pay-Go

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:**

There will not be an impact to the approved FY2015 Replacement Funds.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input 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)
Contract / Agreement (C/A) Approval?	<input 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>2014-0466-E</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: Karim Kurji, Chief Of Fleet, Intra-Governmental Services

(Name, Job Title, Department)

Phone: 255-7437

E-mail: kkurji@coj.net

Contact Karim Kurji, Chief of Fleet, Intra-Governmental Services

Person: (Name, Job Title, Department)

Phone: 255-7437

E-mail: kkurji@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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**