

**LEGISLATIVE FACT SHEET**

2015-0699

DATE: 01/22/15

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

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

**PURPOSE/SUMMARY:**

To designate the City of Jacksonville to receive the affidavits and dismissal fees pursuant to Section 318.18(6), Florida Statutes relating to citations for parking in spaces reserved for persons who have disabilities; revise 804.1012 © to include "fees collected for dismissal" and from 636.104 to include transfer dismissal fees to Handicapped Trust Fund.

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ 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: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

This change in the municipal code will provide additional funds for the purpose of the city's Handicap Fines Trust.

**ACTION ITEMS:**

- Emergency?
- Federal or State Mandates?
- Fiscal Year Carryover?
- CIP Amendment?
- Contract / Agreement (C/A) Approval?
- C/A Negotiations On-going?
- Oversight Department Required?
- Related RC/BT?
- Waiver of Code?
- Code Exception?
- Continuation of Grant?
- Surplus Property Certification?
- Related Enacted Ordinances?
- Report Required to City Council or Council Auditors?

Yes	No
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Justification of Emergency: \_\_\_\_\_  
(Attach CIP Form(s))  
(Attach a copy)  
Name of Dept.: Parks, Recreation & Community Services  
(Attach a copy)  
Identify Code: \_\_\_\_\_  
Identify Code: \_\_\_\_\_  
(Attach a copy)  
Ordinance #: \_\_\_\_\_  
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: Elizabeth Meyer, Chief of Disabled Services

(Name, Job Title, Department)

Phone: 904-630-4940

E-mail: BMeyer@coj.net

Contact: Elizabeth Meyer, Chief of Disabled Services

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.

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