

LEGISLATIVE FACT SHEET

DATE: February 24, 2015

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): SOE

PURPOSE/SUMMARY:
Polling location 506 Change

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 Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

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