LEGISLATIVE FACT SHEET 2015-0365

DATE:			BT or RC No: 8715072			
					inistration Bil	•
SPONSOR:	Finance/Treasury					
		(Dep	artmen	t/Division/Agency/C	ouncil Memb	er)
PURPOSE/SUI	MMARY:					
repayments. This expenditures in total The Banking Fund Fund Notes Payab from this sub-fund. collected building r	is to reclass budgeted amal. General Accounting States an internal service sub- le or any assets related to This legislation requests	ounts am andards r fund. The the origin that the l eneral Fu	ong su require e Public nal Bar Public I und (01	b-objects and will no Internal Service Fur Building Allocation Iking Fund loans. The Building Allocation s 1) to reimburse the	ot add or dele nds to have fo sub-fund (5/ nese loan re- ub-fund (5/1 General Fun	ull accrual balance sheets. A1) does not have Banking payments should not be made) transfer revenues from d for payments made to repay
APPROPRIATI	ON: Total Amount A	ppropri	ated:		\$0.00	as follows:
(Name of Fund as	it will appear in title of legi	slation)	Public	Building Allocations	s Banking Fu	nd loan repayments
Name of Federal F	funding Source: none		***************************************			Amount:
Name of State Funding Source: none						Amount:
Name of City of Jax Funding Source: none					Amount:	
Name of In-Kind Contribution: none					Amount:	
Name of Bond Acct: none						Amount:
Bond Account Number: none						7 THOURIE.
Bond Account Nun	inder. Horie					
IMPACT - FINA	ANICIAL / OTHER:					
	t across General Fund or	Internal S	Service	Funds	······································	
<u> </u>		······································			······································	
ACTION ITEMS	S:	Yes	No			
Emergency?			X	Justification of En	nergency:	
	ate Mandates?	 	X			
Fiscal Year Ca			X			
CIP Amendme		 	X	(Attach CIP Form	(s))	
_	reement (C/A) Approval?	 	X	(Attach a copy)		
-	ons On-going?	\vdash	X			
	partment Required?		X	Name of Dept.:	······································	
Related RC/B		X		(Attach a copy)		
Waiver of Coo			X	Identify Code:		
Code Exception			X	Identify Code:		
Continuation (\vdash	X	(Attach =		
Surplus Property Certification? Related Enacted Ordinances? X (Attach a copy) X Ordinance #:						
			X	Ordinance #:	······································	
Council Audi	red to City Council or itors?			Date:		requency:

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:	Patrick J. Greive, II, Treasurer - Finance/Treasury (Name, Job Title, Department)					
Contac	Phone: 904-630-5940 E-mail: pgreive@coj.net					
Contact Judith A. Garard, Finance & Administrative Manager - Finance/Treasury Person: (Name, Job Title, Department)						
	Phone: 904-630-5207 E-mail: jgarard@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:					
Contac	it					
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

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE _____MAY 1 1 2015