

# LEGISLATIVE FACT SHEET

2015-0441

DATE: 06/04/15

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

SPONSOR: Jacksonville Children's Commission  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

Transfer funds from fund balance to increase funding for 2015 summer camps to address potential gang violence. This funding will provide an additional 1,443 children with five weeks.

APPROPRIATION: Total Amount Appropriated: \$541,125.00 as follows:  
Jacksonville Children's Commission - Special Revenue Fund  
 (Name of Fund as it will appear in title of legislation) Balance

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 legislation increases funding appropriated for summer camp seats by an additional \$541,125.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">             School ended on 6/5; summer camp programs are gearing up to start on 6/15. Funds are needed to capture students on waiting lists and enroll into programs immediately.           </div> (Attach CIP Form(s)) (Attach a copy) Name of Dept.: _____ (Attach a copy) Identify Code: _____ Identify Code: _____ (Attach a copy) Ordinance #: _____ _____ Date: _____ Frequency: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" 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: Jon Heymann, Executive Director/CEO

(Name, Job Title, Department)

Phone: 630-6425

E-mail: jheyman@coj.net

Contact Cynthia Nixon, Director of Finance & Management Services

Person: (Name, Job Title, Department)

Phone: 630-3652

E-mail: cnixon@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**