

LEGISLATIVE FACT SHEET 2015-0512

DATE: 06/11/15

BT or RC No: BT 15086
(Administration Bills)

SPONSOR: Military Affairs and Veterans Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Request for City Council to approve purchase of a replacement van that will be utilized for Veterans services outreach and support of services to our clients. The Jacksonville Jaguar Foundation has approved the use of funds from the first year of the five-year \$1,000,000 Jacksonville ~~Reserve~~^{Source} Veterans Res~~erve~~^{ource} and Reintegration Center Grant to make this purchase possible. The purchase of this van will enable the Military Affairs and Veterans Department to replace a 15 year old van at no cost to the City of Jacksonville.

APPROPRIATION: Total Amount Appropriated: _____ as follows:
(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: <u>Community Services Grants - Jacksonville</u> <u>Veterans Res^{ource} and Reintegration Center</u>	Amount: <u>\$50,000.00</u>
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:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
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"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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: Mala D. Armogan, Administrative Assistant, Military Affairs and Veterans Dep

(Name, Job Title, Department)

Phone: 904-630-3624

E-mail: marmogan@coj.net

Contact Harrison Conyers, Veteran Services Manager

Person: (Name, Job Title, Department)

Phone: 904-630-3621

E-mail: hconyers@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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED