

LEGISLATIVE FACT SHEET

2015-0581

DATE: 08/06/15

BT or RC No: _____
(Administration Bills)

SPONSOR: Mayor Lenny Curry
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Provide for the payment and distribution to the State of Florida and to Shands Jacksonville Medical Center, Inc. of the City's contribution to indigent health care funding between Shands Jacksonville Medical Center, Inc. and the State of Florida as part of the State's Medicaid Hospital Program.

APPROPRIATION: Total Amount Appropriated: \$26,275,594.00 as follows:

(Name of Fund as it will appear in title of legislation)	DISTRIBUTION OF CITY'S INDIGENT CARE CONTRACT APPROPRIATION FOR FISCAL 2015-2016	
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:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
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"/>	(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: Kerri Stewart, Chief of Staff

From: Mike Weinstein, Director of Finance

(Name, Job Title, Department)

Phone: (904) 630-7660

E-mail: mweinstein@coj.net

Contact Gwen Carmichael, Assistant to Director of Finance

Person: (Name, Job Title, Department)

Phone: (904) 630-7660

E-mail: gcarmichael@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