

2015-0630

LEGISLATIVE FACT SHEET

DATE: 07/28/15

BT or RC No: BT15-105
(Administration Bills)

SPONSOR: Planning and Development / Development Services Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Transfer and appropriate the following funds to Fire and Rescue Emergency Preparedness' Hurricane Public Shelter account for upgrading of existing secondary and primary hurricane shelters within Duval County: 1) \$5,700 collected FY12-13 via Notice of Proposed Change (NOPC) to Nocatee Development of Regional Impact (DRI) dated 9/29/11, enacted via Ord. 2012-73-E, which funds were not transferred to Fire & Rescue at FY end; 2) \$28,200 collected FY13-14 for this purpose but not transferred to Fire & Rescue at FY end; and 3) \$55,200 collected FY14-15 through 7/27/15 for this purpose, for a total of \$89,100.00.

APPROPRIATION: Total Amount Appropriated: \$89,100.00 as follows:

(Name of Fund as it will appear in title of legislation)	<u>Hurricane Public Shelter Fee - Nocatee Development of Regional Impact</u>
Name of Federal Funding Source:	Amount: _____
Name of State Funding Source:	Amount: _____
Name of City of Jax Funding Source:	Amount: <u>\$89,100.00</u>
Name of In-Kind Contribution:	Amount: _____
Name of Bond Acct:	Amount: _____
Bond Account Number:	_____

IMPACT - FINANCIAL / OTHER:

No adverse financial impact. Transfers and appropriates funds where they will be used for intended purpose.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

Justification of Emergency:

(Attach CIP Form(s))
(Attach a copy)

Name of Dept.: Jax Fire & Rescue Dept.

(Attach a copy)

Identify Code: _____

Identify Code: _____

(Attach a copy)

Ordinance #: _____

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Kerri Stewart, Chief of Staff, Office of the Mayor

From: _____

Folks M. Huxford, Director, Planning and Development Department

Phone: 255-7817

E-mail: Fhuxford@coj.net

Contact Susan Saltsgiver, Planning Services Manager, Planning & Development Depa

Person: (Name, Job Title, Department)

Phone: 255-7812

E-mail: SusanS@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