

LEGISLATIVE FACT SHEET

2015-0734

DATE: 09/30/15

BT or RC No: BT15111
(Administration Bills)

SPONSOR: Finance/Treasury
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Debt Service expenditures for principal and interest are estimated during budgeting prior to the beginning of the current fiscal year. During the year, new bond issue debt service varied from these initial estimates. In order to provide sufficient expenditure authority in the appropriate funding account, an end of year reclassification of budget is necessary to properly reflect the actual expenditures and budget authority.

APPROPRIATION: Total Amount Appropriated: \$0.00 as follows:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: _____	Amount:	\$0.00
Name of State Funding Source: _____	Amount:	\$0.00
Name of City of Jax Funding Source: <u>Banking Fund/Debt Service</u>	Amount:	<u>2,667,673.00</u> \$0.00
Name of In-Kind Contribution: _____	Amount:	\$0.00
Name of Bond Acct: _____	Amount:	\$0.00
Bond Account Number: _____		

IMPACT - FINANCIAL / OTHER:

This budget transfer request for the Banking Fund debt service expenditures does not impact the overall expenditures budget for principal and interest for Fiscal Year 2015.

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"/>	(Attach CIP Form(s))
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: Kerri Stewart, Chief of Staff, Office of the Mayor

From: Patrick J. Greive, Treasurer, Treasury

(Name, Job Title, Department)

Phone: (904) 630-5940

E-mail: pgreive@coj.net

Contact Judith A. Garard, Finance & Administrative Manager, Treasury

Person: (Name, Job Title, Department)

Phone: (904) 630-5207

E-mail: jgarard@gmail.com

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

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE

DATE OCT 12 2015