## LEGISLATIVE FACT SHEET 2015, 0735

DAT	E: (	)9/30/15			BT or R	C No:	BT1511	2	
					(Adminis				
SPC	NSOR: Fina	nce/Treasury							
			(De	(Department/Division/Agency/Council Member)					
			•		<b>3 ,</b>		,		
	RPOSE/SUMMAF		·····			·			
fiscal initial	year. During the year lestimates. In order	ar, new and refundi to provide sufficien	ng bond t expen	d issues a diture au	ated during budgeting and variable rate intere thority in the appropriat actual expenditures and	st bond i e funding	ssues will vary g account, an	from these	
		T 1 1 A		* . 4		<b>^</b> ^ ^^	C. H.		
APF	PROPRIATION:	Total Amount A	pprop		\$0.00	as follows:			
(Nam	ne of Fund as it will ap	ppear in title of legi	slation)						
Name of Federal Funding Source:							Amount:	\$0.00	
Nam	e of State Funding So	ource:					Amount:	\$0.00	
Name of City of Jax Funding Source:							Amount:	\$0.00	
Name of In-Kind Contribution:						Amount:	\$0.00		
Name of Bond Acct:						Amount:	\$0.00		
Bond	Bond Account Number:								
	,								
IMP	ACT - FINANICIA	AL / OTHER:							
					e expenditures does n	ot impac	the overall ex	penditures	
budg	et for principal and in	terest for Fiscal Ye	ar 2015	5.					
<u> </u>									
ACT	TION ITEMS:		Yes	No					
Emergency?			X	Justification of Emerg	iencv:				
	Federal or State Man	dates?	$\Box$	X					
	Fiscal Year Carryove	r?		X					
CIP Amendment?  Contract / Agreement (C/A) Approval?			X	(Attach CIP Form(s))	***************************************	addining distriction and the form of the first order or any and the company of the constraints of the constr			
			X	(Attach a copy)					
1	C/A Negotiations On-	-going?		Х					
	Oversight Departmen	nt Required?		Х	Name of Dept.:				
İ	Related RC/BT?		X		(Attach a copy)				
,	Waiver of Code?			X	Identify Code:				
	Code Exception?			X	Identify Code:				
(	Continuation of Grant	t?		X					
;	Surplus Property Cer	tification?		X	(Attach a copy)				
1	Related Enacted Ord	inances?		X	Ordinance #:				
İ	Report Required to C	ity Council or		X	_				
	Council Auditors?				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, Trea (Name, Job Title, Department) Phone: (904) 630-5940	sury E-mail: pgreive@coj.net				
	et Judith A. Garard, Finance & Admi : (Name, Job Title, Department) Phone: (904) 630-5207	inistrative Manager, Treasury				
cour	NCIL MEMBER / INDEPENDENT /	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
То:	Peggy Sidman, Office of General Phone: 630-4647	Counsel, St. James Suite 480 E-mail: psidman@coj.net				
From:						
From:	(Name, Job Title, Department) Phone:					
Contac	(Name, Job Title, Department) Phone:	E-mail:				
Contac	(Name, Job Title, Department) Phone:	E-mail:				

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

APPROVI	ED BY:
MAYOR'S	BUDGET
REVIEW	COMMITTEE
DATE	OCT 1 2 2015