

LEGISLATIVE FACT SHEET

DATE: 11/04/15

BT or RC No: _____
(Administration Bills)

SPONSOR: Office of General Counsel
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

AN ORDINANCE APPROPRIATING \$330,779.00 FROM DRAINAGE SYSTEM REHAB TO RESTORE THE SALARIES FOR THE SAFETY OFFICERS IN THE FIRE RESCUE DEPARTMENT.

APPROPRIATION: Total Amount Appropriated: \$330,779.00 as follows:

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

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: Drainage System Rehab Amount: \$330,779.00

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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Ordinance #: <u>2015-504-E</u> |
| 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: Rita Mairs, Office of General Counsel

(Name, Job Title, Department)

Phone: 630-1716

E-mail: mairsr@coj.net

Contact Rita Mairs, Office of General Counsel

Person: (Name, Job Title, Department)

Phone: 630-1716

E-mail: mairsr@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: Rita Mairs, Office of General Counsel

(Name, Job Title, Department)

Phone: 630-1716

E-mail: mairsr@coj.net

Contact Rita Mairs, Office of General Counsel

Person: (Name, Job Title, Department)

Phone: 630-1716

E-mail: mairsr@coj.net

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED