

LEGISLATIVE FACT SHEET

DATE: 02/02/16

BT or RC No: BT#16-043
(Administration Bills)

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

PURPOSE/SUMMARY:

JEA is owed some \$811,280 for past BJP septic tank remediation work. Project PUE002-01 has an available budget balance of \$447,968. This transfer proposes to transfer \$363,312 from project AFT001-01 to PUE002-01 to allow full payment.

APPROPRIATION: Total Amount Appropriated: \$363,312.00 as follows:

(Name of Fund as it will appear in title of legislation) Better Jacksonville Plan Pay-As-You-Go

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: Better Jacksonville Plan Pay-As-You-Go Amount: \$363,312.00

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"/> y	<input 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"/>	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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Cal Ray, Finance

(Name, Job Title, Department)

Phone: 630-1286

E-mail: cray@coj.net

Contact Cal Ray, Finance

Person: (Name, Job Title, Department)

Phone: 630-1286

E-mail: cray@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