LEGISLATIVE FACT SHEET

DATE:			BI	or RC No:	<i>B7 16</i>	-044
			(Adı	ministration Bi	ls)	
SPONSOR: Parks, Recreation						
	er)					
PURPOSE/SUMMARY:		(0) 5)(40 Ele Mandala ad No	**************************************	(EIMD) C	
Appropriate grant funds and the local matcl Funds shall not lapse but shall carry forwar FY16-20 CIP.	d year to	(8) FY year un	til the grant period e	ends. This app	ropriation will	l also amend the
APPROPRIATION: Total Amount	Appropr	iated:	\$2,0	060,742.00	as follows	s:
(Name of Fund as it will appear in title of leg	gislation)					
Name of Federal Funding Source:					Amount:	
Name of Grant Funding Source: Florida Inland Navigational District					Amount:	\$936,701.00
Name of City of Jax Funding Source: Grant Capital Projects (interest)						\$1,124,041.00
Name of In-Kind Contribution:						•
Name of Bond Acct:						
Bond Account Number:					=	=
						
IMPACT - FINANICIAL / OTHER:						
ACTION ITEMS:	Yes	No				
Emergency?		х	Justification of Er	nergency:		
Federal or State Mandates?		х				
Fiscal Year Carryover?		х				
CIP Amendment?	х		(Attach CIP Form	(s))		
Contract / Agreement (C/A) Approval?		X	(Attach a copy)			
C/A Negotiations On-going?		X				
Oversight Department Required?	X		Name of Dept.: _	Parks, Recreat	ion and Com	munity Services
Related RC/BT?	×		(Attach a copy)			
Waiver of Code?		×	Identify Code: _			
Code Exception?		×	Identify Code: _			
Continuation of Grant?		X				
Surplus Property Certification?		X	(Attach a copy)			
Related Enacted Ordinances?		х	Ordinance #:			
Report Required to City Council or		×				_
Council Auditors?			Date:	F	requency:	

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chail, Budget Office, St. James Suite 325						
Cc:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor						
From:	Daryl Joseph, Director - Parks, Recreation and Community Services						
	(Name, Job T	itle, Department)					
	Phone:	255-7903	E-mail: djoseph@coj.net				
Contact	t Tera Meeks	, Chief of Natural and	d Marine Resources - Parks; Recreation and Community Services				
Person:	: (Name, Job T	itle, Department)					
	Phone:	255-7912	E-mail: tmeeks@coj.net				
<u>COU</u>			eral Counsel, St. James Suite 480 E-mail: psidman@coj.net				
From:							
	(Name, Job T	itle, Department)					
	Phone:		E-mail:				
Contact	:						
Person:	(Name, Job T	itle, Department)					
	Phone:		E-mail:				
_	ion from Ind		s require a resolution from the Independent Agency Board				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED