## **LEGISLATIVE FACT SHEET**

DATE:	02/16/16			BT or RC No:	
				(Administration B	ills)
SPONSOR:	Sports & Entertainr	nent O	ffice		
	<u> </u>			t/Division/Agency/Council Memb	er)
		,	•		•
PURPOSE/S	SUMMARY:				
The Sports and	d Entertainment Office seeks	approva	l of the Ja	acksonville Symphony Lease.	
APPROPRIA	ATION: Total Amount A	Approp	riated:	\$0.00	as follows:
(Name of Fund	as it will appear in title of leg	islation)			
•					Amount:
	Franchisco Comment				Amount:
Name of State Funding Source:					Amount:
Name of City of Jax Funding Source:					Amount:
Name of In-Kind Contribution:					
Name of Bond				Amount:	
Bond Account	Number:				
IMPACT F	NANIOIAL / OTUED.				
IMPACT - FI	INANICIAL / OTHER:				
AOTIONITE	TAC.	.,			
ACTION ITE		Yes	No	lustification of Empression	
Emergenc	y? State Mandates?		×	Justification of Emergency:	
	r Carryover?		X		
CIP Amen		$\vdash$	$\frac{1}{x}$	(Attach CIP Form(s))	
	Agreement (C/A) Approval?	×		(Attach a copy)	
	lations On-going?		×	( mass a copy)	
•	Department Required?	$\overline{x}$		Name of Dept.: Sports & Ente	rtainment
Related R			×	(Attach a copy)	
Waiver of		H	×	Identify Code:	
Code Exce		H	х	Identify Code:	
	on of Grant?		х	•	
Surplus Pr	operty Certification?		х	(Attach a copy)	
•	nacted Ordinances?		×	Ordinance #:	
Report Re	quired to City Council or		х		
Council A	Auditors?			Date:	Frequency:

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget	t Office, St. James Suite 325			
Cc:	Allison Korman Shelton, Director	of Intergovernmental Affairs, Office of the Mayor			
From:		Officer - Sports & Entertainment Office			
	(Name, Job Title, Department)				
	Phone: 904-630-3497	E-mail: <u>DHerrell@coj.net</u>			
Contact Joey Bergman, Operations Coordinator- Sports & Entertainment Office					
Person	: (Name, Job Title, Department)				
	Phone: 904-630-3600	E-mail: <u>JBergman@coj.net</u>			
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
To:	Peggy Sidman, Office of General	Counsel St. James Suite 480			
10.	Phone: 630-4647	·			
	1110116, 030 <del>-4</del> 047	E-mail: psidman@coj.net			
	1 Hone. 000-4047	E-mail: psidman@coj.net			
From:					
From:		E-mail: psidman@coj.net			
From:					
	(Name, Job Title, Department) Phone:	·			
Contac	(Name, Job Title, Department) Phone:	·			
Contac	(Name, Job Title, Department) Phone:	·			
Contac	(Name, Job Title, Department) Phone:	·			
Contac Person	(Name, Job Title, Department) Phone:  t (Name, Job Title, Department) Phone:	E-mail:			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED