

LEGISLATIVE FACT SHEET

DATE: 02/11/16

BT or RC No: _____
(Administration Bills)

SPONSOR: Intra-Governmental Services/ Office of Director
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

On Monday, February 8, 2016, this office was made aware that another agency in the Public Service Grant Low-Income Priority Population was not going to be able to accept their award of \$29,319 appropriated by City Council in the 2016 Budget. The Public Service Grant Council met on Wednesday, February 10, 2016 and unanimously voted to fund this amount to the next agency on the 2016 scoring matrix.

APPROPRIATION: Total Amount Appropriated: \$29,319.00 as follows:

(Name of Fund as it will appear in title of legislation) Revised Schedule A-2

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: JXMS011PSG Amount: \$2,624,196.00

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANICIAL / OTHER:

If these funds are not reappropriated then they will revert back to the General Fund at the end of the Fiscal Year.

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We are almost six months in to the fiscal year.
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: CJ Thompson, Director 
(Name, Job Title, Department)
Phone: 255-8829 E-mail: cjthompson@coj.net

Contact John Snyder, Human Services Planner II
Person: (Name, Job Title, Department)
Phone: 255-8202 E-mail: jsnyder@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