LEGISLATIVE FACT SHEET

DATE:	02/26/16			. B	Γ or RC No: $_{ extstyle }$	B715-0	255
					dministration Bi		
SPONSOR:	Finance / Treasury						
			partmen	t/Division/Agency	/Council Membe	er)	
PURPOSE/SUM		1.65			-11 1A <i>C</i> F1 1		
in Amendment #12 source of Banking	capacity for the repaymer to the Jaguars lease. The Fund loans, however, the of the legislation in July	ne capital Ioan rep	project ayment	budget was include from the Stadium	ded in Sports C fund was not ir	omplex indica cluded in the	ting a funding orginal budget
APPROPRIATION AP	ON: Total Amount A	Appropr	iated:	\$	263,270.00	as follows	:
(Name of Fund as i	t will appear in title of leg	islation)					
Name of Federal Funding Source:						Amount:	
Name of State Funding Source:						Amount:	·
Name of City of Jax Funding Source: Banking Fund Repayment - General Fund						Amount:	\$263,270.00
Name of In-Kind Contribution:						Amount:	
Name of Bond Acet:						Amount:	
Bond Account Number:							
Bona Account Nan							
IMPACT - FINANICIAL / OTHER:							
IIVII AOT - TIIVA	NOIAL / OTTILIX.						
ACTION ITEMS	•	V	NI-	_			_
Emergency?).	Yes	No X	Justification of E	- - - -		
Federal or Sta	te Mandates?		$\frac{\lambda}{x}$	Justinication of L	inergency.		
Fiscal Year Ca			X				
CIP Amendme	•		X	(Attach CIP For	m(s))		
	eement (C/A) Approval?		X	(Attach a copy)			
C/A Negotiatio	• • • • •		Х	(
_	artment Required?		X	Name of Dept.:			
Related RC/B1		X		(Attach a copy)			
Waiver of Cod	e?		Х	Identify Code:			
Code Exception	n?		Х	Identify Code:			· ·
Continuation o	f Grant?		Х				***
Surplus Prope	rty Certification?		Х	(Attach a copy)			
Related Enact	ed Ordinances?	Х		Ordinance #:	2014-455-E		
Report Require	ed to City Council or		X				-
Council Audit	ors?			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:	Patrick J. Greive, Treasurer - Treasury							
	(Name, Job Title, Department)							
	Phone: 904-630-5940 E-	mail: pgreive@coj.net						
Contact Judith Garard, Finance & Administrative Manager - Treasury								
Person: (Name, Job Title, Department)								
	Phone: 904-630-5270 E-	mail: <u>jgarard@coj.net</u>						
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL								
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480							
	•	mail: psidman@coj.net						
								
From:	(Name, Job Title, Department)							
	, , , , , , , , , , , , , , , , , , , ,							
	Phone: E-	mail:						
Contac	ct							
Person	n: (Name, Job Title, Department)	,						
	Phone: E-	mail:						
•	ation from Independent Agencies require ving the legislation.	e a resolution from the Independent Agency Board						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED