

LEGISLATIVE FACT SHEET

DATE: March 24, 2016

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR: City Council President at the request of General Counsel

PURPOSE/SUMMARY: Amending the prohibited activities for sexual offenders and sexual predators related to holiday decorations and attendance at events primarily targeted to children.

APPROPRIATION: Total Amount Appropriated: \$_____ as follows:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: _____	Amount: \$ _____
Name of State Funding Source: _____	Amount: \$ _____
Name of City of Jax Funding Source: _____	Amount: \$ _____
City Judgments, Claims and Losses	Amount: \$ _____
Name of In-Kind Contribution Source: _____	Amount: \$ _____
Name of Bond Acct _____	Amount: \$ _____

IMPACT - FINANCIAL/OTHER: The financial impact of this settlement is \$_____.

ACTION ITEMS:

Emergency?	Yes _____	No <u>XX</u>
Federal or State Mandates	Yes _____	No <u>XX</u>
Fiscal Year Carryover?	Yes _____	No <u>XX</u>
CIP Amendment?	Yes _____	No <u>XX</u> (Attach CIP form)
Contract/Agreement (C/A) Approval	Yes _____	No <u>XX</u> (Attach a copy only)
C/A negotiations on-going?	Yes _____	No <u>XX</u>
Oversight Department Required?	Yes _____	No <u>XX</u> (Name of Dept.)
Related RC?/BT?	Yes _____	No <u>XX</u> (Attach a copy)
Waiver of Code?	Yes _____	No <u>XX</u> (Identify Code Provision)
Code Exception?	Yes _____	No <u>XX</u> (Identify Code Provision)
Continuation Grant?	Yes _____	No <u>XX</u>
Surplus Property Certification?	Yes _____	No <u>XX</u> (Attach a copy)
Related Enacted Ordinances?	Yes _____	No <u>XX</u>
Report Required to City Council/Council Auditors	Yes _____	No <u>XX</u> Date _____ Frequency _____

Contact: Jason R. Teal, Deputy General Counsel
Phone: 904-630-1087
E-mail: Jteal@coj.net

ADMINISTRATION TRANSMITTAL

To:

cc:

From:

(Name, Job Title, Department)

Phone: _____ Fax: _____ Email: _____

Contact
Person:

(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

**COUNCIL MEMBER/INDEPENDENT AGENCY/CONSTITUTIONAL OFFICER
TRANSMITTAL**

To:

From:

(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact
Person:

(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED