

LEGISLATIVE FACT SHEET

DATE: 04/20/16

BT or RC No: N/A
(Administration Bills)

SPONSOR: Office of General Counsel
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Settlement of litigation regarding Florida Department of Juvenile Justice and dispute over the counties' statutory cost share of juvenile detention.

APPROPRIATION: Total Amount Appropriated: N/A 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: _____
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANCIAL / OTHER:

Settlement of pending litigation does not require monies be paid by the City.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: _____

(Attach CIP Form(s)) _____

(Attach a copy) _____

Name of Dept.: _____

(Attach a copy) _____

Identify Code: _____

Identify Code: _____

(Attach a copy) _____

Ordinance #: _____

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Sam Mousa, Chief Administrative Officer, Office of the Mayor

From: _____
(Name, Job Title, Department)

Phone: _____ E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____ E-mail: _____

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: Loree L. French, Sr. Assistant General Counsel, Office of General Counsel
(Name, Job Title, Department)

Phone: 630-1817 E-mail: Lfrench@coj.net

Contact Loree French

Person: (Name, Job Title, Department)

Phone: 630-1817 E-mail: Lfrench@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED