

# LEGISLATIVE FACT SHEET

DATE: 04/25/16

BT or RC No: BT16-076  
(Administration Bills)

SPONSOR: Neighborhoods Department/Animal Care & Protective Services Division  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

This appropriation will allot private contribution funds granted by the Petco Foundation for lifesaving operations and programs. These funds will be appropriated in the Spay and Neuter Rebate Trust - Spay and Neuter Fund.

APPROPRIATION: Total Amount Appropriated: \$200,000.00 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: Spay and Neuter Trust Fund - ERAC1H2ACSN Amount: \$200,000.00

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANICIAL / OTHER:**

These are grant funds from the Petco Foundation to be used for lifesaving operations and programs along with spay and neuter services for animals in Duval County, there is no general fund impact.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>	(Attach a copy)
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
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"/>	

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: Kimberly Scott, M.P.A., Interim Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-7099

E-mail: [Kscott@coj.net](mailto:Kscott@coj.net)

Contact James Crosby, Division Management Consultant, Animal Care & Protective Services Division

Person: (Name, Job Title, Department)

Phone: 255-7391

E-mail: [jamesc@coj.net](mailto:jamesc@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](mailto: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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**