

LEGISLATIVE FACT SHEET

DATE: 05/18/18

BT or RC No: BT16-085
(Administration Bills)

SPONSOR: Finance Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Reimbursing Council District Bond Account for prior ineligible expenditures which occurred between April 2009 and September 2012.

APPROPRIATION: Total Amount Appropriated: \$317,873.28 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: \$317,873.28

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

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"/> | |
| Oversight Department Required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Name of Dept.: _____ |
| Related RC/BT? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (Attach a copy) |
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identify Code: _____ |
| Code Exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identify Code: _____ |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance #: _____ |
| 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: Teresa Eichner, CIP Administrator, Budget Office
(Name, Job Title, Department)
Phone: 904-630-7051 E-mail: teichner@coj.net

Contact Teresa Eichner, CIP Administrator, Budget Office
Person: (Name, Job Title, Department)
Phone: 904-630-7051 E-mail: teichner@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: Teresa Eichner, CIP Administrator, Budget Office
(Name, Job Title, Department)
Phone: 904-630-7051 E-mail: teichner@coj.net

Contact Teresa Eichner, CIP Administrator, Budget Office / *Joey Grave Treasury*
Person: (Name, Job Title, Department)
Phone: 904-630-7051 E-mail: teichner@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