

## LEGISLATIVE FACT SHEET

DATE: 06/13/16

BT or RC No: BT-16-093  
(Administration Bills)

SPONSOR: Office of the Mayor  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

To appropriate \$37,500.00 from The Community Foundation for Northeast Florida for the position of Director of Strategic Partnerships. Year one (6/1/16 - 9/30/16) is paid 100% - \$37,500.00 by The Foundation and year two (10/1/16 - 9/30/17) is 75% funded by The Foundation - \$97,500.00 and 25% by the City of Jacksonville - \$37,500.00. Year's two; three and four will be appropriated through the annual Budget Ordinance.

APPROPRIATION: Total Amount Appropriated: \$37,500.00 as follows:

(Name of Fund as it will appear in title of legislation) The Community Foundation for Northeast Florida

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 - FINANICIAL / OTHER:**

**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 type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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:

Name of Dept.: Mayor's Office  
(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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Kerri Stewart, Chief of Staff, Mayor's Office  
(Name, Job Title, Department)  
Phone: 904-630-1771 E-mail: [kerris@coj.net](mailto:kerris@coj.net)

Contact Kerri Stewart, Chief of Staff, Mayor's Office  
Person: (Name, Job Title, Department)  
Phone: 904-630-1771 E-mail: [kerris@coj.net](mailto:kerris@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**