

## LEGISLATIVE FACT SHEET

DATE: 06/24/16

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Department of Finance and Administration  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

Provide for the payment and distribution to the State of Florida and to Shands Jacksonville Medical Center, Inc. of the City's contribution to indigent health care funding between Shands Jacksonville Medical Center, Inc. and the State of Florida as part of the State's Medicaid Hospital Program.

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: \_\_\_\_\_

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> (Attach CIP Form(s)) (Attach a copy)  Name of Dept.: _____ (Attach a copy) Identify Code: _____ Identify Code: _____  (Attach a copy) Ordinance #: _____
Federal or State Mandates?	<input checked="" type="checkbox"/>	<input 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"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

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

Cc: Kerri Stewart, Chief of Staff

From: Mike Weinstein, Director/CFO, Department of Finance and Administration

(Name, Job Title, Department)

Phone: (904) 630-4999

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

Contact Gwen Carmichael, Assistant to Director/CFO, Department of Finance and Ad

Person: (Name, Job Title, Department)

Phone: (904) 630-7660

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

---

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