

LEGISLATIVE FACT SHEET

DATE: 07/21/16

BT or RC No: _____
(Administration Bills)

SPONSOR: Parks, Recreation and Community Services/Office of the Director
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Respectfully request permission to submit legislation to utilize \$100K donated by the Jacksonville Jaguars Foundation for the field renovations 9A/Baymeadows Field, and, authorization to sign grant agreement with the Jacksonville Jaguars Foundation - which requires COJ match.

APPROPRIATION: Total Amount Appropriated: \$100,000.00 as follows:

(Name of Fund as it will appear in title of legislation) to be determined

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: Jacksonville Jaguars Foundation donation Amount: \$100,000.00

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANICIAL / OTHER:

Total project estimated to be \$300,000. \$100,000 from Jacksonville Jaguars Foundation, \$200,000 from COJ CIP account RCCP329F5720 06505 PRO380 03

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 checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Parks, Recreation and Community Services</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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: Daryl Joseph, Director, Parks, Recreation and Community Services Department

(Name, Job Title, Department)

Phone: 255-7903

E-mail: Djoseph@coj.net

Contact Daryl Joseph, Director, Parks, Recreation and Community Services Department

Person: (Name, Job Title, Department)

Phone: 255-7903

E-mail: Djoseph@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: _____

(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