

LEGISLATIVE FACT SHEET

DATE: 08/17/16

BT or RC No: N/A
(Administration Bills)

SPONSOR: Tax Collector
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Extension of the tax rolls in order to issue tax notices within the statutory time period

APPROPRIATION: Total Amount Appropriated: N/A 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:

N/A

ACTION ITEMS:

- Emergency?
- Federal or State Mandates?
- Fiscal Year Carryover?
- CIP Amendment?
- Contract / Agreement (C/A) Approval?
- C/A Negotiations On-going?
- Oversight Department Required?
- Related RC/BT?
- Waiver of Code?
- Code Exception?
- Continuation of Grant?
- Surplus Property Certification?
- Related Enacted Ordinances?
- Report Required to City Council or Council Auditors?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: _____

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: _____

(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: Sam Mousa, Chief Administrative Officer, Office of the Mayor

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

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: Loree L. French, Sr. Assistant General Counsel, Office of General Counsel

(Name, Job Title, Department)

Phone: 630-1817

E-mail: Lfrench@coj.net

Contact Loree L. French, Sr. Assistant General Counsel, Office of General Counsel

Person: (Name, Job Title, Department)

Phone: 630-1817

E-mail: Lfrench@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