

LEGISLATIVE FACT SHEET

DATE: 08/04/16

BT or RC No: BT 16-110
(Administration Bills)

SPONSOR: Military Affairs and Veterans Services Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Appropriate a \$300,000 grant from Enterprise Florida, Inc./Dept. of Economic Opportunity. The grant targets willing sellers of land-use easements within the AICUZ of OLF Whitehouse. This will limit encroachment issues around the airfield and minimize community concerns regarding aircraft noise.

APPROPRIATION: Total Amount Appropriated: \$390,000.00 as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: Enterprise Florida, Inc. Amount: \$300,000.00

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: Navy's In-Kind contribution towards transactions Amount: \$90,000.00

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANICIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attachment
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" 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>Military Affairs and Veterans Department</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: _____
(Name, Job Title, Department)

Phone: _____ E-mail: _____

Contact HARRISON CONYERS _____

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: _____
(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