

LEGISLATIVE FACT SHEET

DATE: 08/04/16

BT or RC No: BT 16-111
(Administration Bills)

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

PURPOSE/SUMMARY:

Appropriate grant funds from the Florida Department of Economic Opportunity. Funds will be applied to military base and mission advocacy services provided through the consultants selected by the City of Jacksonville and related travel expenses. The grant agreement is for twelve months beginning July 1, 2016 through June 30, 2017. An in-kind match of \$29,377.50 will be provided by staff services performed by the Director and Veterans Manager.

APPROPRIATION: Total Amount Appropriated: \$127,302.50 as follows:

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

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: Florida Department of Economic Opportunity Amount: \$97,925.00

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

Name of In-Kind Contribution: Grantee (COJ-Military Affairs Dept) Personnell In-Kind contribution Amount: \$29,377.50

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / 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

Attachment - Justification of Emergency:

State of Florida will not authorize award without Mayor's signature on Grant Agreement. Contract is retroactive to 7/1/16 - grant agreement not received until 7/29/16 due to State reorganization of duties to Department of Economic Opportunity.