LEGISLATIVE FACT SHEET

DATE:		12/30/16			BT or RC No:
				(Admir	inistration & City Council Bills)
SPONS	OR:	Jacksonville A	Aviation Authority	y	
			(Departm	nent/Division/Ag	gency/Council Member)
Contact	for all inq	uiries and pre	sentations	Micha	nael Stewart or Debra Braga
Provide	Name:	Mic	chael Stewart, Dir. O	f External Affair	rs or Debra Braga, Chief Legal Officer
	Contact	Number:	(904) 741-27	'21/ (904) 74	11-6414
	Email A	ddress:	Debra.Braga@	⊉flyjacksonv	<u>ville.com</u>
Research (Minimu	will complete to make the will complete to the will be	this form for Counc vords - Maximu	il introduced legislation im of 1 page.)	and the Administ	, What, When, Where, How and the Impact.) Council stration is responsible for all other legislation.
730 hours	s and legisl	ation is needed		2015-2016 bud	A exceeded their budgeted temporary hours by adget. This legislation amends Schedule G of

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APPROPRIATION: Total Ar	mount Appropriated	zero as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for e	ach category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs. (Minimum of 350 words - Maximum of 1 page.) None ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? Х emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate Х Mandate? including Statute or Provision.

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement Approval? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception? X Related Enacted X Ordinances?	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. Amends Schedule G of Ordinance 2015-504-E.
ACTION ITEMS CONTINUED: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching r each.
ACTION ITEMS: Yes No Continuation of Grant?	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?		X	Attachment: If yes, attach appropriate form(s).	
Reporting Requirements?		х	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for	
Division Chief:	em	a A	(signature) JAA Desirer Date: 12/30/2014	
Prepared By:	elm	e A	(signature) Date: 12/30/20/4	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	
	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact:	same (Name, Job Title, Department)
	Phone: E-mail:
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
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То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
From:	Debra Braga, Chief Legal Officer, JAA
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: 741-6414 E-mail: debra.braga@flyjacksonville.com
Primary	
Contact:	same (Name, Job Title, Department)
	Phone: E-mail:
CC:	
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
CC:	
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
Legislati	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board
Legislati approvin	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net
Legislati approvin Indepen	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED