## LEGISLATIVE FACT SHEET

DATE:	01/05/17		E	BT or RC No:	BT16-128
			(Adminis	stration & City Counci	l Bills)
SPONSOF	R: Finance and	I Administrati	on / Accounting		
		- Ang	partment/Division/Ager	ncy/Council Member)	
Contact fo	r all inquiries and pre	esentation:		Finance / JFRD	)
Provide Na	ame:		Kevin Stork / Kı	urtis Wilson	
C	ontact Number:	630	-2955 / 630-787	3	
E	mail Address:	kstork@co	oj.net / krwilson@	coj.net	
Research will	hite Paper (Explain Why thi complete this form for Coun of 350 words - Maxim	cil introduced legi:	slation and the Administra		ow and the Impact.) Council all other legislation.
condition in Accounting I general fund Required Su including encyear), Actual Outstanding In preparing General Fun Association year, even if	IFRD as of 9/30/16. Transition: By Government in the City's Comprehent pelementary Information cumbrances carryforward Expenditures, Outstandi Encumbrances), and the CAFR, the Accounting due to its overtime. It is GFOA) to do a final ame the correction takes place	nsfer requested al Accounting S sive Annual Fin (RSI) in the CA is, Final Budget ing Encumbrance Variance between g Division noted is proper and a rended budget to be after the close	by the Accounting Divide Itandards, the City must ancial Report (CAFR). FR. This schedule predincludes Original Budges, and columns for Been Budgetary Actuals that the Fire Rescue recommended best prainclude correcting the electric of the fiscal year. The	ision for the reason(s st present a budget to The City's present's esents by Department dget and any adjustme ludgetary Actuals (Act with Final Budget-P  Department was sign actice by the Government over budget condition is legislation is reque	o actual comparison for the this schedule as part of this schedule as part of the Original Budget ents throughout the fiscal stual Expenditures plus estive or Negative.  Inflicantly over budget in the ment Finance Officers napplicable to the fiscal

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APPROPRIATION: Total Amount Appropriated \$2,350,000.00 as follows: List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below: (Name of Fund as it will appear in title of legislation) From: Amount: Name of Federal Funding Source(s) To: Amount: From: Amount: Name of State Funding Source(s): To: Amount: Name of City of Jacksonville JSO - Salary line From: Amount: \$2,350,000.00 Funding Source(s): To: JFRD - Overtime line Amount: \$2,350,000.00 From: Amount: Name of In-Kind Contribution(s): To: Amount: From: Name & Number of Bond Amount: Account(s):

Amount:

To:

## 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.)

	O to JFRD at year end to cover an approx \$2.3 million over budget condition in dget. Opertions for FY16 are done this is just a clean up item that the ason above.
ACTION ITEMS: Purpose / Check I code provisions for each.	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
Mandate? X	including Statute or Provision.

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
,	
	Attachments If was attach appropriate CID form/c). Include instiffication for
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	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?
Deleted DO (DEC)	
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code? X	detailed explanation (including impacts) within white paper.
Code Exception? x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted X	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any
Ordinances?	changes necessary within white paper.
ACTION ITEMS CONTINUED: Pur justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching
	each.
ACTION ITEMS: Yes No Continuation of	Explanation: How will the funds be used? Does the funding require a match?
Grant?	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?

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Surplus Property Certification?		х	Attachment: If yes, attach appropriate form(	s).	
Reporting Requirements?		х	Explanation: List agencies (including City Country and frequency of reports, including when reports (include contact name and telephone number)	orts are due. Provide	Department
Division Chief:	Ku	my	After Comptroller	Date:	1/5/2017
Prepared By:			(signature)	Date:	1/5/2017

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## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget	Office, St. James Suite 325
Thru:	Michael Weinstein, CFO, Director of F	Finance and Administration
	(Name, Job Title, Department)	
	Phone:E	-mail:
From:	Kevin Stork, Comptroller	
	Initiating Department Representative (Nan	ne, Job Title, Department)
	Phone: 630-2955 E	-mail: kstork@coj.net
Primary		
Contact:	(Name, Job Title, Department)	
		-mail: kstork@coj.net / krwilson@coj.net
CC:	Allison Korman Shelton, Director o	of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: <u>akshelte</u>	on@coj.net
COUN	ICIL MEMBER / INDEPENDENT AC	GENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
т.,	5 60 60 60	
10:	Peday Sidman, Office of General (	Councel St James Suite 480
То:	Peggy Sidman, Office of General ( Phone: 904-630-4647 E	
From:		-mail: psidman@coj.net
	Phone: 904-630-4647 E	-mail: psidman@coj.net
From:	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E	-mail: psidman@coj.net
From: Primary	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E	-mail: psidman@coj.net
From: Primary	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department)	-mail:psidman@coj.net gency / Constitutional Officer -mail:
From: Primary Contact:	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E	-mail:psidman@coj.net  gency / Constitutional Officer  -mail:
From: Primary	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E	-mail:psidman@coj.net  Ingency / Constitutional Officer  It-mail:
From: Primary Contact:	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of	-mail:psidman@coj.net  Ingency / Constitutional Officer  It-mail:
From: Primary Contact: CC:	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton	gency / Constitutional Officer -mail: -mail: -mail: of Intergovernmental Affairs, Office of the Mayor on@coj.net
From: Primary Contact: CC:	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton ion from Independent Agencies required.	-mail:psidman@coj.net  Ingency / Constitutional Officer  It-mail:
From: Primary Contact: CC: Legislatic	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton ion from Independent Agencies required the legislation.	gency / Constitutional Officer -mail:
Primary Contact: CC: Legislatic approvin Independent	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton akshelton to from Independent Agencies required the legislation. Indent Agency Action Item: Yes	gency / Constitutional Officer -mail:
Primary Contact: CC: Legislatic approvin Independent	Phone: 904-630-4647 E  Initiating Council Member / Independent A Phone: E  (Name, Job Title, Department) Phone: E  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton ion from Independent Agencies required the legislation.	gency / Constitutional Officer -mail:

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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