## LEGISLATIVE FACT SHEET

DATE:	12/12/16	BT or RC No:				
		(Administration & City Council Bills)				
CDONICOD.	Davis Danuation of	od Community Consists (Office of the Discotor				
SPONSOR:	Parks, Hecreation ar	nd Community Services/Office of the Director (Department/Division/Agency/Council Member)				
		(Copulation of the Copulation				
Contact for all in	nquiries and presentation	on				
Provide Name:	Bob Skalitzky, Chief of	Natural and Marine Resources				
Contact Number: 255-7912						
Email	Email Address: RSkalitzky@coj.net					
PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)						
	ON: Total Amount App	propriated as follows: ect and Subobject Numbers for each category listed below:				
	it will appear in title of legisla					
(Name of Fund as	t will appear in title of legisla	ation)				
Name of Federal Fu	ınding Source(s)	Amount:				
	To:	Amount:				
Name of State Fun	ding Source(s):	orida Inland Navigation District Amount: \$1,275,000.00				

reame or citate r anding cource(s).	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From: Grant Capital Projects (Interest)	Amount: \$1,602,420.00
runding Source(s).	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
Internal Public Works fees for thes	e projects are an ineligible expense for reimbu	rsement through FIND

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes	No	
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature of
Federal or State  Mandate?	×	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	х	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?  Authorizes applications by Brian Burket in Parks, Recreation and Community Services
Related RC/BT? Waiver of Code?	x x	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes  Continuation of Grant?	No x	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? Reporting Requirements?	x	Attachment: If yes, attach appropriate form(s).  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:	1/1	Date: 12/22/16

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325						
Thru:	Daryl Joseph, Director, Parks, Recreation and Community Services  (Name, Job Title, Department)						
		-mail:	Djoseph@coj.net				
From:	Robert Skalitzky, Chief, Natural and Marine Resources	Division	n, PRCS Department				
	Initiating Department Representative (Name, Job Title, Depart Phone: 255-7912	97	Rskalitzky@coj.net				
Primary	Robert Skalitzky, Chief, Natural and Marine Resources		E				
Contact:	(Name, Job Title, Department)						
	Phone: 255-7912 E	-mail:	Rskalitzky@coj.net				
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>						
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL							
То:	Peggy Sidman, Office of General Counsel, St. Jam Phone: 904-630-4647		ite 480 psidman@coj.net				
From:							
	Initiating Council Member / Independent Agency / Constitution Phone:		er -5				
Primary							
Contact:	(Name, Job Title, Department) Phone:	-mail:					
CC:	Allison Korman Shelton, Director of Intergovernme 904-630-1825 E-mail: <u>akshelton@coj.ne</u>		fairs, Office of the Mayor				
the legisla	n from Independent Agencies requires a resolution ation. ent Agency Action Item:  Boards Action / Resolution?	from th	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				