# LEGISLATIVE FACT SHEET

DATE: 03/22/17

BT or RC No: \_\_\_\_\_

(Administration & City Council Bills)

SPONSOR:

Council Member Schellenberg

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations

Provide Name:

Contact Number:

Council Member Schellenberg 630-1388

Email Address: <u>Matts@coj.net</u>

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.)

# APPROPRIATION: Total Amount Appropriated:

#### 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)

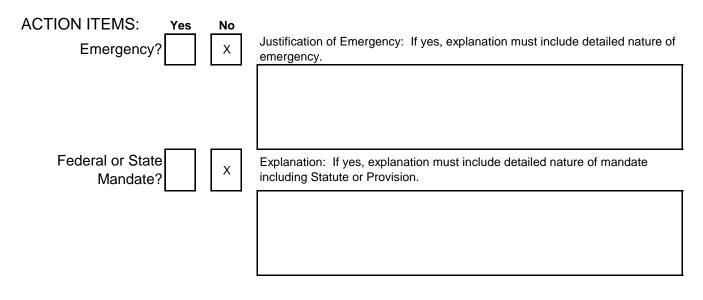
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	То:	Amount:

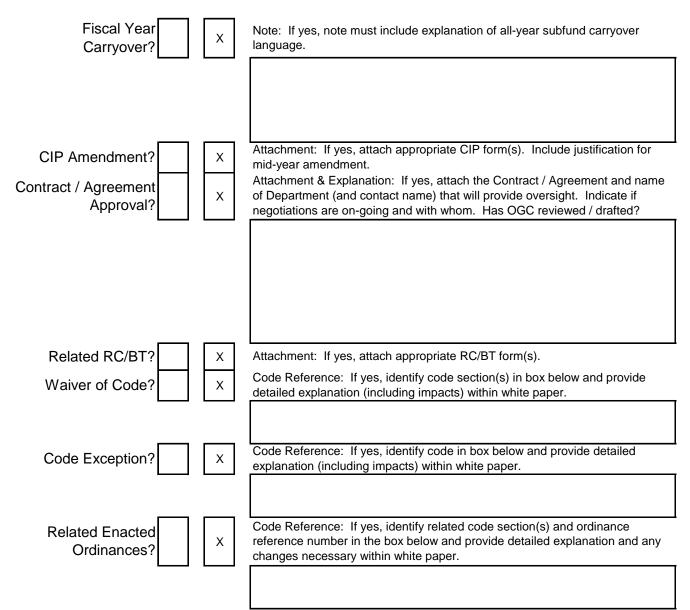
#### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

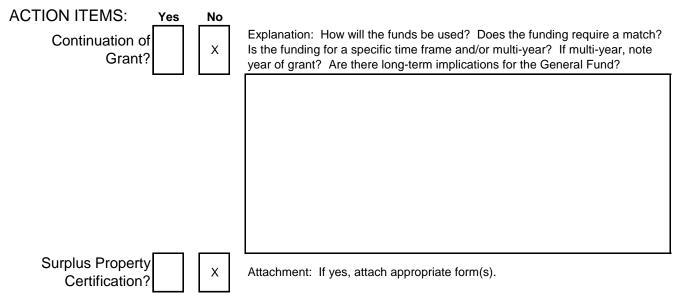
(Minimum of 350 words - Maximum of 1 page.)

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





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



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 generating	

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:				
	(Name, Job Title, Departme	it)		
	Phone:	E-mail:		
From:				
	Initiating Department Repres	entative (Name, Job Title, Department)		
	Phone:	E-mail:		
Primary				
Contact:	(Name, Job Title, Departme	nt)		
	Phone:			
CC:	Allison Korman Sheltor 904-630-1825 E-mai	, Director of Intergovernmental Affairs, Office of the May :akshelton@coj.net	ʻor	
COUN To:	Peggy Sidman, Office	<b>NDENT AGENCY / CONSTITUTIONAL OFFICER TRAN</b> of General Counsel, St. James Suite 480 7E-mail:psidman@coj.net	<u>NSMITTAL</u>	
From:	Council Member Scheller	berg		
	Initiating Council Member / I	ndependent Agency / Constitutional Officer		
	Phone: 630-1388	E-mail: <u>Matts@coj.net</u>		
Primary Contact:	same as above (Name, Job Title, Department)			
	Phone:	E-mail:		
CC:	Allison Korman Sheltor	, Director of Intergovernmental Affairs, Office of the May :akshelton@coj.net		
approvin	on from Independent Ag g the legislation. dent Agency Action Item	encies requires a resolution from the Independent Agend	cy Board	

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

### FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED