LEGISLATIVE FACT SHEET

DATE:	03/09/17	BT or RC No: BT 17-083
		(Administration & City Council Bills)
SPONSOI	R: Finance & Adminstr	ation
		(Department/Division/Agency/Council Member)
Contact fo	or all inquiries and presentati	ons Teresa Eichner
Provide N	ame:	Teresa Eichner
(Contact Number:	904-630-7051
E	Email Address:	teichner@coj.net
Research will		n is necessary? Provide; Who, What, When, Where, How and the Impact.) Council ed legislation and the Administration is responsible for all other legislation.
		sed capital projects for repair and replacements of security cameras at lighlands, Bradham Brooks Northeast, Regency, San Marco, Charles Webb,
	and Willowbranch libraries.	, , , , , , , , , , , , , , , , , , , ,
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APPROPRIATION: Total Ar			as follows:	d balaus
List the source <u>name</u> and pro (Name of Fund as it will appear in ti		Object and Subobject Numbers for each	category iiste	d below.
(Name of Fund as it will appear in the		gisiation)		
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:	General Fund - GSD	Amount:	\$1,700.73
Funding Source(s):	То:	PB Security Cameras - Libraries	Amount:	\$1,770.73
Name of In-Kind Contribution(s):	From:		Amount:	
realite of in-tains continuous on (5).	To:		Amount:	
	L	ETR BONDS, SERIES 2004 (AUTUMN BONDS) &		400 000 04
Name & Number of Bond Account(s):	From:	1986 PARKING & ETR BOND CONSTRUCTION PB Security Cameras - Libraries	_ Amount:	\$26,666.81 \$26,666.81
	e? Will icipated	· ·		
appropriate residual funding to a pr cameras at Jacksoville Public Libra	roject titl try locat	capital projects where funding was sent back to ed PB Security Camera - Libraries for the repair ions to include: Brentwood, Brown Eastside, Da Marco, Charles Webb, Westbrook and Willowbi	and replacemen allas Graham, Hig	t of security

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

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?	×	including Statute or Provision.
Fiscal Year		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?		language.
CIR 4		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment?	X	mid-year amendment.
Contract /		Attachment & Explanation: If yes, attach the Contract / Agreement and name
Agreement	×	of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
Approval?		regoliations are on-going and with whom. Has OGC reviewed / drafted?
		İ
Related RC/BT?	X	Attachment: If yes, attach appropriate RC/BT form(s).
11010100 110721		
Waiver of Code?	x	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
, 		detailed explanation (including impacts) within write paper.
		Code Reference: If yes, identify code in box below and provide detailed
Code Exception?	X	explanation (including impacts) within white paper.
	<u> </u>	, and the same paper.
		Code Reference: If you identify related and posting (a) and addition
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: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.		
ACTION ITEMS: Yes No Continuation of Grant? 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?	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:	Date: 3 9 17	
Prepared By:	Sichaer Date: 3/9/17	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Angela Moyer, Budget Office, Finance & Administration			
	(Name, Job Title, Department)			
	Phone: 904-630-1259 E-mail: <u>amoyer@coj.net</u>			
From:	Teresa Eichner, CIP Administrator, Finance & Administration			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 904-630-7051 E-mail: teichner@coj.net			
Primary	Total Electricity of Territorial Control of the Con			
Contact:	(Name, Job Title, Department)			
	Phone: 904-630-7051			
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			
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
	Phone: 904-630-4647 E-mail: psidman@coj.net			
From:				
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: E-mail:			
Primary				
Contact:	(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			
Legislatio	on from Independent Agencies requires a resolution from the Independent Agency Board			
	g the legislation.			
	dent Agency Action Item: Yes No			
	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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