# LEGISLATIVE FACT SHEET

DATE: 03/28/17

BT or RC No:

(Administration & City Council Bills)

SPONSOR:	Council President at the request of the Mayor (Department/Division/Agency/Council Member)					
Contact for all inquiries and presentations		entation		Director of Finance		
Provide Name:			Michael V	Veinstein		
Contac	ct Number:	(904	) 630-7660			
Email	Address:	mwein	stein@coj.ne	et la		
Research will complet (Minimum of 350	e this form for Council words - Maximun	introduced legislation of 1 page.)	and the Adminis	, What, When, Where, How and the Impact.) Council stration is responsible for all other legislation. sion between the City and non-professional		
employees represe		n Federation of Sta	ite, County and	Municipal Employees (AFSCME) for a 3 year		
	facilitate the closure currently underfunde			plan and the enactment of the pension surtax, ind.		

## 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)

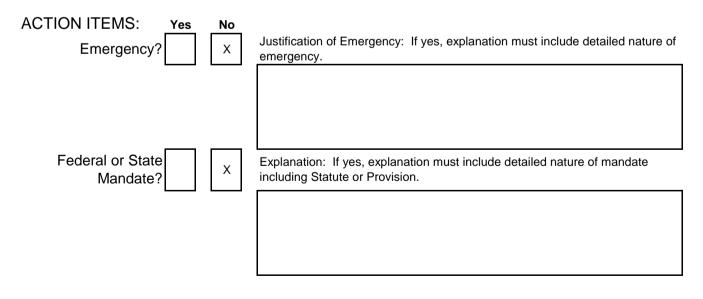
Name of Federal Funding Source(s)	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):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

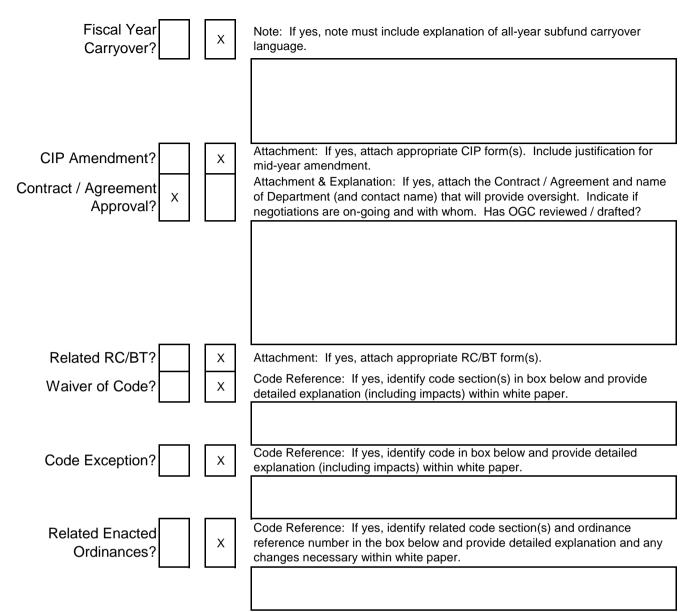
#### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

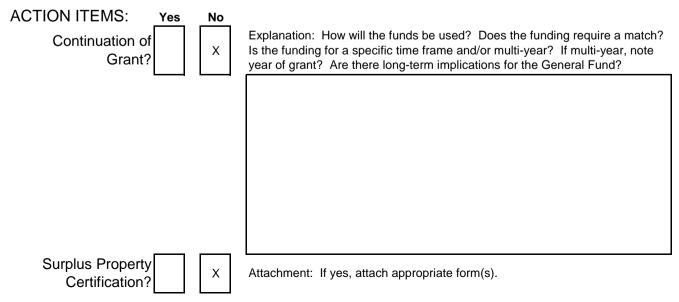
(Minimum of 350 words - Maximum of 1 page.)

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.



Reporting Requirements?				
Division Chief:			[	Date:
	(signature)			
Prepared By:				Date:
	(signature)			

#### **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:	(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			
To:		al Counsel, St. James Suite 480			
	Phone: 904-630-4647	E-mail: psidman@coj.net			
From:	Michael Weinstein, Director of Finance, Finance and Administration				
	Initiating Council Member / Independent	nt Agency / Constitutional Officer			
	Phone: 904-630-7660	E-mail: mweinstein@coj.net			
Primary		al Counsel, Office of General Counsel			
Contact:	(Name, Job Title, Department)				
	Phone: 904-630-1859	E-mail: sgranat@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: aksh	elton@coj.net			

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes

Boards Action / Resolution?

No X

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

#### FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED