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 Fi	nance	
Provide Name:			Michael W	einstein		
Contact Number:		(904	4) 630-7660			
Email Address:		mweir	nstein@coj.net	t	-	
	this form for Council	introduced legislation			re, How and the Impact.) Council e for all other legislation.	
pension between the	City and employee	es represented by	the Northeast Flo	orida Public Empl	ement regarding wages and loyees' Local 630 Laborers' ugh September 30, 2020.	
This agreement will f which will fund the cu					tment of the pension surtax,	

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)

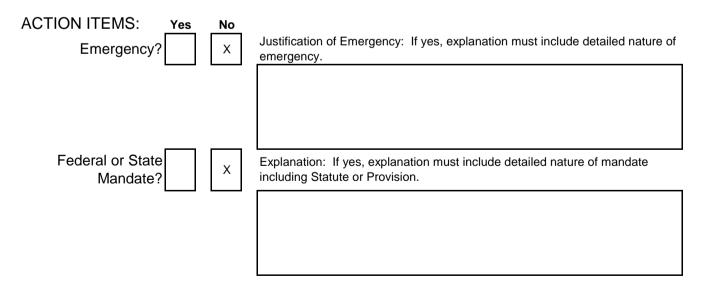
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):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

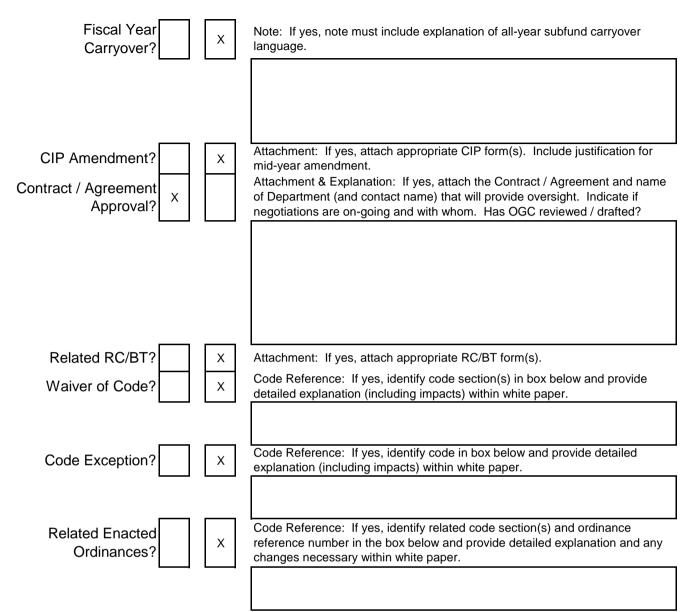
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

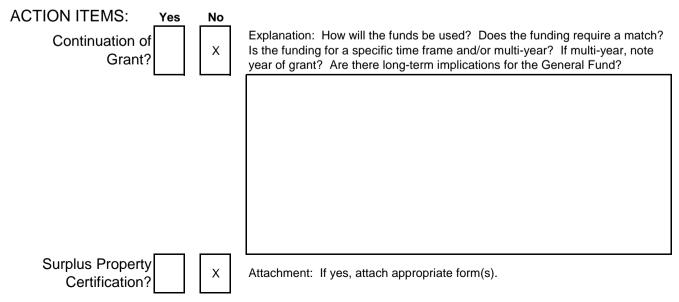
(Minimum of 350 words - Maximum of 1 page.)

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?	and frequen	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		
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:		or of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: aksh	elton@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 F	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, Directo	or 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