LEGISLATIVE FACT SHEET

DATE:	03/28/17	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	Administration	
	(Department/Division/Agency/Council Member)
Contact for a	all inquiries and presentations	Mike Weinstein
Provide Nam	ie:	Mike Weinstein
Cor	ntact Number:	630-7660
Em	ail Address:	mweinstein@coj.net
Research will com (Minimum of	nplete this form for Council introduced leads this form for Council introduced leads to the state of 1 pag	
This ordinance	implements the changes pursuant	to collective bargaining.

APPROPRIATION: Total Ar	as follows:	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each o	category listed below:
(Name of Fund as it will appear in ti	itle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
Traine of state Fanding Source(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
realite of in-relia Continuation(s).	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

ters

ACTION ITEMS: Purpose / Check code provisions for each.	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No Emergency? xx	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
, <u>—</u>	
CIP Amendment? x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	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?
Related RC/BT? x	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? x	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception? x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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.
	Amendments will also be needed to Chapter 120 and Article 16 to the Charter.
ACTION ITEMS CONTINUED: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching or each.
ACTION ITEMS: Yes No	
Continuation of Grant?	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?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	x	and frequency of reports, inc	(including City Council / Auditor) to receive reports cluding when reports are due. Provide Department elephone number) responsible for generating
_			
Division Chief:			Date:
		(signature)	
Prepared By:			Date:
		(signature)	

ADMINISTRATIVE TRANSMITTAL

То:	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
-	D. Cities of Compared Courses Ot James Cuite 400
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
	Filone. 904-030-4047 E-mail. palamanecoj.net
From:	
	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
	<u> </u>
•	on from Independent Agencies requires a resolution from the Independent Agency Board
	g the legislation. dent Agency Action Item: Yes No
•	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,
Γ	when is board action scheduled?