LEGISLATIVE FACT SHEET

DATE:	05/02/17	BT or RC No: 3T17-10-4
		(Administration & City Council Bills)
SPONSO	R: Finance and Admir	pistration
0, 0,00	Tindrice and Admir	(Department/Division/Agency/Council Member)
Contact f	or all inquiries and presenta	tion: Mike Weinstein
Provide N	lame:	
	Contact Number:	904-630-7660
	Email Address:	mweinstein@coj.net
Research wil		tion is necessary? Provide; Who, What, When, Where, How and the Impact.) Council luced legislation and the Administration is responsible for all other legislation. 1 page.)
		llective bargaining for the FY17 one-time lump sum payment for employees of
		r will move funding from the contingency into a non-departmental line item. he general fund - GSD, per section 106.215 b, approval of this legislation will
require a 2/	3 of the council members presen	t for passage.
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APPROPRIATION: Total A	mount Appropriated	\$207,500.00	as follows:	
List the source name and pro	ovide Object and Subobject Num	bers for each ca	ategory listed	i below:
(Name of Fund as it will appear in t	itle of legislation)			
Name of Federal Funding Source(s	From:		Amount:	
	То:		Amount:	
Name of State Funding Source(s):	From:		Amount:	
Trains of State Falloning Coalco(c).	То:		Amount:	
Name of City of Jacksonville	From: Contingency		Amount:	\$207,500.00
Funding Source(s):	To: Non-Departmental Activity		Amount:	\$207,500.00
Name of In-Kind Contribution(s):	From:		Amount:	
	То:		Amount:	
Name & Number of Bond	From:		Amount:	
Account(s):	To:		Amount:	

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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

122 & 106 regarding funding of anticipated p	here be an ongoing maintenance? and staffing obligation? Per Chapters post-construction operation costs.
(Minimum of 350 words - Maximum of 1 page.)	
ACTION ITEMS: Purpose / Check I code provisions for each.	List. If "Yes" please provide detail by attaching justification, and
A OTION ITEMS	
ACTION ITEMS: Yes No	hystification of Emergency. If you evaluation must include detailed nature of
Emergency? X	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.

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Carryover? ^ language.	for
	for
	for
CIP Amendment? X Attachment: If yes, attach appropriate CIP form(s). Include justification mid-year amendment.	
Contract / Agreement Approval? Attachment & Explanation: If yes, attach the Contract / Agreement and of Department (and contact name) that will provide oversight. Indicate in 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 providetailed explanation (including impacts) within white paper.	de
Code Exception? 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 an changes necessary within white paper.	d any
ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.	I
ACTION ITEMS: Yes No	
Continuation of Grant? Explanation: How will the funds be used? Does the funding require a rule is the funding for a specific time frame and/or multi-year? If multi-year, year of grant? Are there long-term implications for the General Fund?	

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Surplus Property Certification?	 х	Attachment: If yes, attach appropriate	form(s).	
Reporting Requirements?	x	Explanation: List agencies (including of and frequency of reports, including who (include contact name and telephone re	en reports are due. Provid	e Department
Division Chief:	1	(signature)	Date:	5/2/2017
Prepared By:	/	(signature)	Date:	5/2/2017
		(aigiliatura)		

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Mike Weinstein, Director of Finance and Administration		
	(Name, Job Title, Department)		
	Phone: 630-7660 E-mail: <u>mweinstein@coj.net</u>		
From:	Angela Moyer, Budget Officer		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 630-1301 E-mail: amoyer@coj.net		
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:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
	Phone: 904-630-4647 E-mail: psidman@coj.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		
AT (#48)	904-630-1825 E-mail: akshelton@coj.net		
	ion from Independent Agencies requires a resolution from the Independent Agency Board		
	ng the legislation. dent Agency Action Item: Yes No		
	Reards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,		
	when is board action scheduled?		
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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