LEGISLATIVE FACT SHEET

DATE:		05/03/17			BT or RC No:	BT17-105
	E-gradulin			(Admir	nistration & City Cour	ncil Bills)
SPONS	OR:	Finance and Admir	istration			
			(Department	/Division/Ag	ency/Council Membe	er)
Contact	for all inc	uiries and presenta	tions		Teresa Eichne	er
Provide	Name:			18.		
	Contact	Number:	904-63	30-1301		
	Email A	ddress:	teichner	@coj.net	2. 401	
Research v	vill complete	er (Explain Why this legislat this form for Council introde vords - Maximum of 1	ced legislation and			How and the Impact.) Council rall other legislation.
those faci FY17 for o the CIP up	lities. This engineering ntil the next	funding will move the po design for the Hugueno	elican plaza rede t park campgrou review will be de	velopment p nd. The Co trimental to	project from FY19 to l uncil finds that the de	und to fund capital projects at FY17 and add funding in eferral of this amendment of the community because such
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0.13.00						

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APPROPRIATION:	Total Amount Appropriated	\$453,871.00	as follows:
List the source nam	e and provide Object and Subobje	ct Numbers for each	category listed below

(Name of Fund as it will appear in t	itle of le	egislation)		
Name of Federal Funding Source(s)	From:		Amount:	
,	To:		Amount:	18
Name of State Funding Source(s):	From:		Amount:	
	To:		Amount:	
Name of City of Jacksonville	From:	FY16 recaptured funds from 1D1 and 1D2	Amount:	\$453,871.00
Funding Source(s):	To:	Authorized Capital Project Subfund (32E)	Amount:	\$453,871.00
Name of In-Kind Contribution(s):	From:		Amount:	
Traine of in thine continues, as,	To:		Amount:	
Name & Number of Bond	From:		Amount:	
Account(s):	To:		Amount:	

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	ping to, how will the funds be used? Does the funding require a match? Is re be an ongoing maintenance? and staffing obligation? Per Chapters st-construction operation costs.
ACTION ITEMS: Purpose / Check List code provisions for each.	st. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No	
	ustification of Emergency: If yes, explanation must include detailed nature of mergency.
	explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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Fiscal Year X	Note: If yes, note must include explanation of all-year subfund carryover language.
Carryover?	language.
	Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment? X	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?
	regulations are on-going and with whom. Has odd reviewed / drafted:
	1
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 Defendance Managida debiling
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
5-1-1-1	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted X Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
	onanges necessary within wine paper.
ACTION ITEMS CONTINUED: Pur justification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions to	i eacii.
ACTION ITEMS: Yes No	
Continuation of X 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?

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Surplus Property Certification?	х	Attachment: If yes, attach appropriate form(s).		
Reporting Requirements?	x	Explanation: List agencies (including City Council / Audit and frequency of reports, including when reports are due (include contact name and telephone number) responsib	e. Provide D	Department
		1		
Division Chief:	1		nte:	5/3/2017
Prepared By:		(signature) Da	ate:	5/3/2017

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Teresa Eichner, CIP Adminstrator (Name, Job Title, Department)		
	Phone: 904-630-1301 E-mail: teichner@coj.net		
From:	Teresa Eichner, CIP Adminstrator Initiating Department Representative (Name, Job Title, Department)		
	Phone: 904-630-1301 E-mail: teichner@coj.net		
Primary Contact:	Teresa Eichner, CIP Adminstrator (Name, Job Title, Department)		
	Phone: 904-630-1301		
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	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 904-630-1825 E-mail: akshelton@coj.net		
Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation. Independent Agency Action Item: Boards Action / Resolution? 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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