LEGISLATIVE FACT SHEET

DATE:		BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	Jacksonville Chi	ldren's Commission
		(Department/Division/Agency/Council Member)
Contact for all inc	quiries and prese	ntation: Cynthia Nixon, Director of Finance & Mangement Services
Provide Name:		Cynthia Nixon
Contact	Number:	630-3652
Email A	ddress:	cnixon@coj.net
Research will complete (Minimum of 350 v	this form for Council intwords - Maximum (
	n closed out JCC gra	eneral Fund/General Services District Fund Balance and \$152,511 of residual nts) to provide summer camp opportunities to 1,700 additional needy children

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APPROPRIATION: Total Amount Appropriated as follows:					
List the source name and pro	ovide Object and Subobject Numbers for each	category listed below:			
(Name of Fund as it will appear in t	itle of legislation)				
Name of Federal Funding Source(s	From:	Amount:			
Ţ, ,	То:	Amount:			
	From:	Amount:			
Name of State Funding Source(s):	FIOIII.	Amount.			
	То:	Amount:			
Name of City of Jacksonville	From:	Amount:			
Funding Source(s):	То:	Amount:			
Name of In-Kind Contribution(s):	From:	Amount:			
Name of in-Kind Contribution(s).	То:	Amount:			
Name & Number of Bond Account(s):	From:	Amount:			
Account(s).	То:	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 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.) Appropriating \$957,738 (\$805,227 from General Fund/General Services District Fund Balance and \$152,511 of residual matching dollars from closed out JCC grants) to provide summer camp opportunities to approximately 1,700 additional needy children across the City at 24 additional sites. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? The nature of the emergency is that public schools concluded for the year June 2, and the summer camp arrangements on the part of the providers and the parents are underway.

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including Statute or Provision.

Explanation: If yes, explanation must include detailed nature of mandate

Federal or State

Mandate?

Fiscal Year Carryover?		Note: If yes, note must include explanation of all-year subfund carryover language.		
CIP Amendment? Contract / Agreement Approval?		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 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?		Attachment: If yes, attach appropriate RC/BT form(s).		
Waiver of Code?		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.		
Code Exception?		Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.		
		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.		
ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.				
ACTION ITEMS:	Yes No	Evolonation: How will the funde he used? Does the funding require a metab?		
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).		

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

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	(Name, Job Title, Department) Phone:	E-mail:		
From:	Jon Heymann, Executive Director/CEO Initiating Department Representative (Name, Job Title, Department) Phono: 620,6425 E mail: iboxmoon@coi.net			
Primary Contact:	Phone: 630-6425 Cynthia Nixon, Director of Finance and Ma (Name, Job Title, Department) Phone: 630-3652	E-mail: jheymann@coj.net angement Services E-mail: cnixon@coj.net		
CC:	Allison Korman Shelton, Directo 904-630-1825 E-mail: akshe	r of Intergovernmental Affairs, Office of the Mayor		
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
To:	Peggy Sidman, Office of General Phone: 904-630-4647	al Counsel, St. James Suite 480 E-mail: psidman@coj.net		
From:				
	Initiating Council Member / Independent 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				
approvin	904-630-1825 E-mail: akshe			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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