LEGISLATIVE FACT SHEET

DATE: 08/02/17

BT or RC No:

(Administration & City Council Bills)

SPONSOR:

Finance and Administration

(Department/Division/Agency/Council Member)

Sam E. Mousa, Chief Administrative Officer

Contact for all inquiries and presentations

Provide Name:

Contact Number:

630-7211

Email Address: <u>smousa@coj.net</u>

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

See Attached Summary.

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)

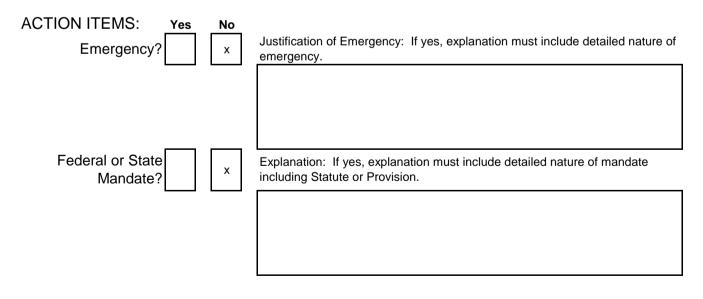
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount: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

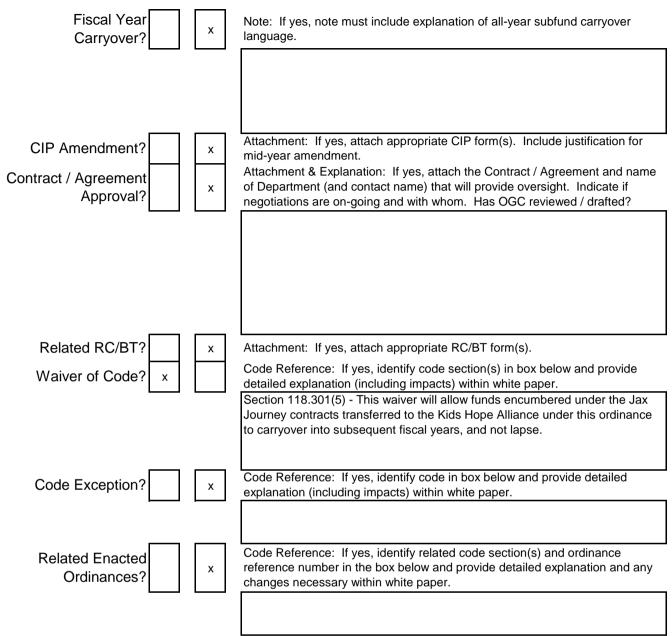
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

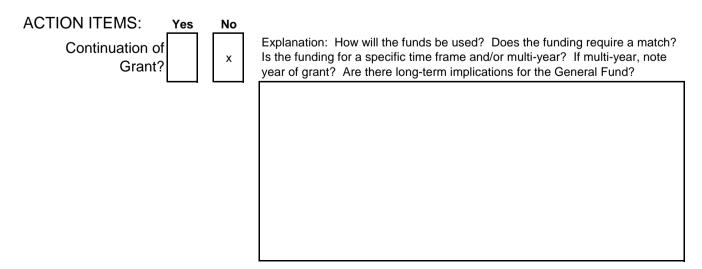
(Minimum of 350 words - Maximum of 1 page.)

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.



Surplus Property Certification?	x	Attachment: If yes, attach approp	priate form(s).
Reporting Requirements?	x	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)	

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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:						
	Initiating Department Representative (Name, Job Title, Department)					
	Phone:	E-mail:				
Primary						
Contact:	(Name, Job Title, Department)					
	Phone:					
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor					
	904-630-1825 E-mail: akshelton@coj.net					
COUN	CIL MEMBER / INDEPENDE	ENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
To:		eneral Counsel, St. James Suite 480				
	Phone: 904-630-4647	E-mail: psidman@coj.net				
From:						
	Initiating Council Member / Indepe	endent 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					
		akshelton@coj.net				
-		es requires a resolution from the Independent Agency Board				
	ig the legislation. dent Agency Action Item:	Yes No				
l		Attachment: If yes, attach appropriate documentation. If no,				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED