

**LEGISLATIVE FACT SHEET**

DATE: 07/01/17

BT or RC No: BT 17-125  
(Administration & City Council Bills)

SPONSOR: Finance and Administration Department/Accounting Division  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: \_\_\_\_\_

Provide Name: Kevin G. Stork, Comptroller; Chief, Accounting Division

Contact Number: 630-2955

Email Address: kestork@coj.net

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.)

To reclassify revenue coming back to the City via the interlocal agreement with JTA. Presently the revenues are classified as local option 6 cents gas tax. Those tax revenues have already been fully recorded when the City receives the tax distribution from the State. The City then sends (expends) those tax revenues to the Fiscal Agent per the interlocal agreement who then distributes the funds to JTA and the City. The funds redistributed to the City need to be recorded as a distribution from a Component Unit per interlocal agreement rather than overstating the local option 6 cents gas tax.

APPROPRIATION: Total Amount Appropriated \$4,074,422.00 as follows:  
 List the source name 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: _____
	To: _____	Amount: _____
Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s)	From: Local Option Gas Tax	Amount: \$4,074,422.00
	To: Contributions from Component Units	Amount: \$4,074,422.00
Name of In-Kind Contribution(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s)	From: _____	Amount: _____
	To: _____	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.)

None - reclassification of revenue subject.

**ACTION ITEMS: Purpose / Check List.** If "Yes" please provide detail by attaching justification, and code provisions for each.

**ACTION ITEMS:**

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

	Yes	No
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

Subfund 143 is an all-years subfund which carryovers automatically.

CIP Amendment?

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?

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.

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:**  
Continuation of Grant?  Yes  No

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?

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

*Kevin G. Stork*  
Division Chief: Kevin G. Stork, Comptroller; Chief, Accounting Division

Date: 7/1/2017

(signature)  
*Kevin G. Stork*  
Prepared By: Kevin G. Stork, Comptroller; Chief, Accounting Division  
(signature)

Date: 7/1/2017

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Michael Weinstein, CFO; Director, Finance and Administration Department  
(Name, Job Title, Department)  
Phone: 630-4999 E-mail: MWeinstein@coj.net

From: Kevin G. Stork, Comptroller; Chief, Accounting Division, Finance and Administration Department  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 630-2955 E-mail: kstork@coj.net

Primary Contact: Kevin G. Stork, Comptroller; Chief, Accounting Division, Finance and Administration Department  
(Name, Job Title, Department)  
Phone: 630-2955 E-mail: 630-2955

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: akshelton@coj.net

**COUNCIL 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  
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:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**