LEGISLATIVE FACT SHEET

DATE:09/28/1	37.4	or RC No:
	(Administrat	tion & City Council Bills)
SPONSOR: Courts	(Denar	rtment/Division/Agency/Council Member)
	*** (*******	Second Residence and Mark
Contact for all inquiries ar		Charles Patterson 904-255-1009
Provide Name: Joseph S	70	
Contact Numbe_		
Email Address: _	jstelma@coj.net	
Council Research will con legislation. (Minimum of 350 words - M The purpose of this bill is to fund programs for the O	nplete this form for Council introd laximum of 1 page.) to create a self-appropriating trus Courts. It is designed to assist par	ecessary? Provide; Who, What, When, Where, How and the Impact.) duced legislation and the Administration is responsible for all other set fund in which to deposit gifts, grant donations and other forms of revenue rticipants in various programs and projects within the Fourth Judicial ief Judge of the Fourth Judicial Circuit or his designee.
APPROPRIATION: Tota List the source <u>name</u> and (Name of Fund as it will a	provide Object and Subobject N	\$0,00 as follows: lumbers for each category listed below:
Name of Federal Funding Source(s):	:	Amount:
	To:	Amount:
Name of State Funding	T TOTAL	Amount
Name of State Funding Source(s):	-	Amount:
	To:	Amount:
Name of City of Jacksonville Funding Source(s):	:	Amount:
	То:	Amount:
Name of In Kind	Trom.	Amount:
Name of In-Kind Contribution(s):	·	The second secon
	To:	Amount:
Name & Number of Bond		Amount:
Account(s):	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.)		
ACTION ITEMS: Purpose / Chec	k List. If "Yes" please provide detail by attaching justification, and code provisions for each.	
ACTION ITEMS: Yes No		
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.	
Manuale .	, iovidin	

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
	These funds should be available to the Courts on a all-year basis that carryover as needed. This is a trust fund, not general fund
CIP Amendment? x	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?
Approvair	
Related RC/BT? ×	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 while paper
Code Exception? x	Code Reference: If yes, Identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed
Ordinances? ^	explanation and any changes necessary within white paper.
ACTION ITEMS CONTINUED: Pui	pose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.
ACTION ITEMS:	
ACTION ITEMS: Yes No Continuation of	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-
Grant?	year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
0 1 2 2	
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).
Reporting 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 generaling reports.
Requirements	
N / N	
thmil	4 Stell 9/18/12
Division Chief:	(signature) Date:
San Marie Control of the Control of	10012
Prepared By:	(signature)

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	Joseph Stelma, Jr, Trial Court Adminstrator, Courts
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 904-255-1001 E-mail: jstelma@coj.net
Primary	Charles Patterson, Administrative Support Manager, Courts CVV
Contact:	
	Phone: 904-255-1009 E-mail: cpatterson@coj.net
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: <u>akshelton@coj.net</u>
	COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: E-mail:
Primary	Charles Patterson, Administrative Support Manager, Courts
Contact:	(Name, Job Title, Department)
	Phone: 904-255-1009 E-mail: cpatterson@coj.net
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
I enistati	on from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.
-	dent Agency Action Item: Yes No
	Boards Action / Resolution? x Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Rev. 8/2/2016 (CLB RM)