## **LEGISLATIVE FACT SHEET**

DATE:	01/17/18	BT or RC No: 8718-042
55		(Administration & City Council Bills)
SPONSOR:		Public Works
		(Department/Division/Agency/Council Member)
Contact for all	inquiries and preser	ntations
Provide Name:		John Pappas
Conta	act Number:	904-255-8748
Email	l Address:	pappas@coj.net
Research will comple (Minimum of 35	ete this form for Council int 0 words - Maximum o	
area will continue	to be operated by the D ext annual budget and 0	al food and beverage services on the first floor of the St. James Building. The ivision of Blind Services. The Council finds that the deferral of this amendment of CIP review will be detrimental because such deferral will result in delay of

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APPROPRIATION: Total An List the source <u>name</u> and pro	nount Appropriated \$150,000.00 ovide Object and Subobject Numbers for each of	as follows	
(Name of Fund as it will appear in til	tle 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	From: CIP Capital Subfunds 31J & 31F/ Gen Fund - GSD	Amount:	\$150,000.00
Funding Source(s):	To: CIP Capital Subfunds 31J, 31F and 32E	Amount:	\$150,000.00
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	
122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of	om the General Fund-GSD, and a reappropriation of exist	- (-)/	

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

ACTION ITEMS: Yes	No	
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
	ш	emergency.
Federal or State		Explanation: If yes, explanation must include detailed nature of mandate
Mandate?	×	including Statute or Provision.
Fiscal Year	x	Note: If yes, note must include explanation of all-year subfund carryover
Carryover?		language.
		Subfunds 31F, 31J, & 32E are all-years
		ĺ
		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment? X		mid-year amendment.
Contract / Agreement	<sub>x</sub>	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
Approval?	^	negotiations are on-going and with whom. Has OGC reviewed / drafted?
	_	
Related RC/BT? x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	х	Code Reference: If yes, identify code section(s) in box below and provide
		detailed explanation (including impacts) within white paper.
0 1 5 - 5 - 6		Code Reference: If yes, identify code in box below and provide detailed
Code Exception?	X	explanation (including impacts) within white paper.
Related Enacted	<sub>x</sub>	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any
Ordinances?		changes necessary within white paper.
<del></del>	A	

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

ACTION ITEMS: Yes No	
Continuation of X	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
Grant?	year of grant? Are there long-term implications for the General Fund?
	1
Surplus Property	
Certification?	Attachment: If yes, attach appropriate form(s).
Reporting X Requirements?	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department
riequirements:	(include contact name and telephone number) responsible for generating
Division Chief:	Date: 1/18/18
	(signature)
Prepared By:	R Eihage Date: 1/18/18
	(signature)

## **ADMINISTRATIVE TRANSMITTAL**

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	John Pappas, Director, Public Works			
	(Name, Job Title, Department)			
	Phone: 904-255-8748			
From:	Teresa Eichner, CIP Administrator, Finance & Administration			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 904-630-7051 E-mail: teichner@coj.net			
Primary	John Pappas, Director, Public Works			
Contact:	(Name, Job Title, Department)			
	Phone: 904-255-8748			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akshelton@coj.net			
COUN	CIL 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				
Section of the second section of the section of the second section of the second section of the section of the second section of the se	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
CC.	904-630-1825 E-mail: akshelton@coj.net			
	904-050-1625 E-IIIali. aksileitori@coj.net			
	on from Independent Agencies requires a resolution from the Independent Agency Board			
	g the legislation.			
	dent Agency Action Item: Yes No  Attachment: If yes, attach appropriate documentation. If no,			
	Boards Action / Resolution? when is board action scheduled?			

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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