LEGISLATIVE FACT SHEET

DATE:	07/26/17	BT or RC No: RT17-134 (Administration & City Council Bills)
SPONSOR:	Public Wo	orks / Mowing and Landscape Maintenance Division (Department/Division/Agency/Council Member)
Contact for all inq	uiries and presentatio	ins
Provide Name:		Dave McDaniel
Contact	Number:	255 - 4301
Email Ad	ldress:	McDaniel@coj.net

APPROPRIATION: Total A	mount Appropriated \$50,8	75.00 as follows:	
List the source name and pro	ovide Object and Subobject Numbers for	each category liste	d below:
(Name of Fund as it will appear in t	tle of legislation)		
Name of Federal Funding Source(s	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s)	Florida Department of Agriculture / Florida Form: Service	orest Amount:	\$50,875.00
ivaline of State Fullding Source(s).	Florida Department of Agriculture / Florida Fo To: Service	orest Amount:	\$50,875.00
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	-
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	34		

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.) This is an appropriation of a grant from the S	State of Florida with a city match in the form of in-kind services.
ACTION ITEMS: Purpose / Check L code provisions for each.	ist. If "Yes" please provide detail by attaching justification, and
	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
	including Statute or Provision.

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.	
	Subfund 1F1 is an all-years subfund	
CIP Amendment? X Contract / Agreement Approval? X	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? Oversight to be provided by the Department of Public Works.	
Related RC/BT? X	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 white paper.	
Code Exception? X	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: Yes No 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 X	Attachment: If yes, attach appropriate form(s).	

Reporting X	Explanation: List agencies (including C and frequency of reports, including whe (include contact name and telephone n	n reports are due. Provide Department
CoDivision Chief:	Signature	Date: 7/26/2017
Prepared By:	(signature)	Date: 7/26/2017

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	John P. Pappas, P.E., Director of Public Works (Name, Job Title, Department)		
	Phone: 255 - 8707 E-mail: pappas@coj.net		
From:	Dave McDaniel, Chief of Mowing and Landscape Maintenance Initiating Department Representative (Name, Job Title, Department)		
	Phone: 255 - 4301 E-mail: <u>McDaniel@coj.net</u>		
Primary Contact:	Dave McDaniel, Chief of Mowing and Landscape Maintenance (Name, Job Title, Department) Phone: 255 - 4301 E-mail: McDaniel@coj.net		
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 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	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, when is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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