## **LEGISLATIVE FACT SHEET**

DATE:	03/21/18	3	BT or F	RC No:	ВТ	18-068
_			(Administration	& City Cou	ıncil Bills)	
SPONSO	R: Finance an	d Admi	nistration / Fleet Management			
			(Department/Division/Agency/Cou	ncil Memb	er)	
Contact fo	or all inquiries and p	resenta	ation: Cri	s Tongo	1	
Provide N	ame:		Cris Tongol			
(	Contact Number:		904-255-7440	1985		
E	Email Address:		ctongol@coj.net			
Research will (Minimum	complete this form for Cor of 350 words - Maxir	uncil intro mum of		esponsible f	or all other le	gislation.
the addition		ove grou	GSD fund balance and transfers it to the sum of the sum			
List the so	RIATION: Total Ar ource <u>name</u> and pro und as it will appear in t	ovide O	bject and Subobject Numbers fo	- 2	as follow ategory li	
Name of Fed	leral Funding Source(s)	From:			Amount:	
		To:			Amount:	
Name of Sta	ate Funding Source(s):	From:			Amount:	
	50 00	То:			Amount:	
Name of City of Funding Source	y of Jacksonville	From:	General Fund - GSD Fund Balance Capital Project Fund 32E for Project: Fleet	3	Amount:	\$700,000.00
, onumy con	3100(0).	То:	Management - Fuel Storage and Asphalt R		Amount:	\$700,000.00
Name of In-	Kind Contribution(s):	From:			Amount:	
	# #5	To:			Amount:	
	lumber of Bond	From:			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.)

One of the take a-ways from the past two hurricane seasons is that the City needs additional onsite fuel storage capacity. This legislation appropriates General Fund - GSD fund balance and transfers it to the capital projects subfund 32E to establish and fund a CIP project that will add two 20,000 gallon above ground fuel tanks, relocate an existing 10,000 fuel tank and repair / resurface asphalt at the Fleet Management facility.					
ACTION ITEMS: Purpose / Check code provisions for each.	List. If "Yes" please provide detail by attaching justification, and				
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.				
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.  Subfund 32E is an all-years subfund.				
CIP Amendment? X  Contract / Agreement    Approval?	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?				
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.

CTION ITEMS: Y	es No		
Continuation of Grant?	х	Explanation: How will the funds be use is the funding for a specific time frame year of grant? Are there long-term imp	
Surplus Property Certification? Reporting Requirements?	x		City Council / Auditor) to receive reports en reports are due. Provide Department
Division Chief:	200	(signature)	Date: 3/2 has
Prepared By:		(signature)	Date: 3/31/13

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget O	ffice, St. James Suite 325
Thru:	Mike Weinstein, CFO, Finance and Adr	ministration
	(Name, Job Title, Department)	
	Phone: 904-630-7660 E-n	nail: mweinstein@coj.net
From:	Cris Tongol Acting Chief of Fleet M	Management
	Initiating Department Representative (Name	, Job Title, Department)
	Phone: 904-255-7440 E-n	nail: ctongol@coj.net
Primary	Jane	
Contact:	(Name, Job Title, Department)	-
	Phone: E-n	nail:
CC:		ntergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton	@coj.net_
	77.7	
COUN	ICIL MEMBER / INDEPENDENT AGE	NCY / CONSTITUTIONAL OFFICER TRANSMITTAL
То:	Peggy Sidman, Office of General Co	ner A se son yay we
То:	Peggy Sidman, Office of General Co Phone: 904-630-4647 E-r	ner A se son yay we
To: From:		ner A se son yay we
		nail: psidman@coj.net
	Phone: 904-630-4647 E-r	nail: psidman@coj.net
	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r	nail: psidman@coj.net
From: Primary	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department)	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary Contact:	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r	nail: psidman@coj.net ency / Constitutional Officer nail:
From: Primary	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary Contact:	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary Contact:	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary Contact: CC:	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton	nail:psidman@coj.net ency / Constitutional Officer nail:
From: Primary Contact: CC: Legislatiapprovin	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton akshelton tion from Independent Agencies requiring the legislation.	nail:psidman@coj.net ency / Constitutional Officer nail:
Primary Contact:  CC:  Legislatiapprovin Independent	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton tion from Independent Agencies requiring the legislation. Indent Agency Action Item: Yes	nail:psidman@coj.net ency / Constitutional Officer nail:
Primary Contact:  CC:  Legislatiapprovin Independent	Phone: 904-630-4647 E-r  Initiating Council Member / Independent Age Phone: E-r  (Name, Job Title, Department) Phone: E-r  Allison Korman Shelton, Director of 904-630-1825 E-mail: akshelton akshelton tion from Independent Agencies requiring the legislation.	nail:psidman@coj.net ency / Constitutional Officer nail:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED