LEGISLATIVE FACT SHEET

DATE:	05/14/18	BT or RC No:
		(Administration & City Council Bills)
SPONSO	OR: Council President at th	ne request of the Supervisor of Elections
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presentations	Robert Phillips,
Provide I	Name:	Robert Phillips
	Contact Number:	630-1414
	Email Address:	phillips@coj.net
Research w (Minimun		
ı oming loo	ation onanged as required by 1.6. To 1	

APPROPRIATION: Total A	mount Appropriated	\$0.00 as follows:	
List the source <u>name</u> and pre	ovide Object and Subobject Numbers fo	each category listed below:	
(Name of Fund as it will appear in t	itle of legislation)		
Name of Federal Funding Source(s	From:	Amount:	
3	To:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
Traine of State 1 anding Source(5).	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	_
Ivame of in-Kind Contribution(s).	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	To:	Δmount:	

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 / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? emergency.

including Statute or Provision.

F.S. 101.71

Explanation: If yes, explanation must include detailed nature of mandate

Federal or State

Mandate?

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
,	
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?
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: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
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 Certification?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	x	and frequency of reports, inc	(including City Council / Auditor) to receive reports cluding when reports are due. Provide Department elephone number) responsible for generating
_			
Division Chief:			Date:
		(signature)	
Prepared By:			Date:
		(signature)	

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:				
	(Name, Job Title, Department)			
	Phone: E-mail:			
From:				
	nitiating Department Representative (Name, Job Title, Department)			
	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_			
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:	Supervisor of Elections			
	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: E-mail:			
Primary	Robert Phillips, Chief Elections Officer			
Contact:				
	Phone: (904) 630-1414			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akshelton@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 you attach appropriate decumentation. If no			
ŀ	Boards Action / Resolution? Machinent. If yes, attach appropriate documentation. If no, when is board action scheduled?			