LEGISLATIVE FACT SHEET

DATE:	06/25/18	BT or RC No:
		(Administration & City Council Bills)
SPONS	OR: Property Appraiser	
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presentation	1
Provide	Name:	Kathleen Collins
	Contact Number:	630-2403
	Email Address:	kathleenc@coj.net
Research v	White Paper (Explain Why this legislation in its complete this form for Council introduced on of 350 words - Maximum of 1 pa	s necessary? Provide; Who, What, When, Where, How and the Impact.) Council legislation and the Administration is responsible for all other legislation.
Requestin Chevorlet	g amendment to the FY18 B4C Sched	ule - The Duval County Property Appraiser's Office received three ox as part of the FY18 Budget. We would like to substitute two of the
number 8	82 is a Chevorlet Tahoe which was re-	d 3412 and surplus vehicle numbers 8582 and 3833 in their place. Vehicle cently totaled, and vehicle number 3833 is a Chevorlet Malibu with a heduled vehicles to provide us with adequate spares.
		'v

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APPROPRIATION: Total A		as follows:
List the source name and pro	ovide Object and Subobject Numbers	for each category listed below:
(Name of Fund as it will appear in t	itle 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:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
Traine of in-traine continuation(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

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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.) There are no funds associated with this request. The request will keep vehicle numbers 2249 and 3412 in PAO's fleet inventory, and surplus vehicle numbers 8582 and 3833 in their place. 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?** Х emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate X including Statute or Provision. Mandate?

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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 X 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.
	Budget Ordinance 2017-504-E schedule b4c.
ACTION ITEMS CONTINUED: Pujustification, and code provisions for	prose / Check List. If "Yes" please provide detail by attaching or 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?

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Surplus Property Certification?	x	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	х	Explanation: List agencies (including City Coand frequency of reports, including when reports and telephone contact name and tele	rts are due. Provide
	- 0		
Division Chief:	5)	(signature)	Date: 6-26-2018
Prepared By:	1	(signature)	Date: 6-26-8
		(3)9114(3)5)	

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ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone: E-	mail:	
From:	Jerry Holland, Property Appraiser		
	Initiating Department Representative (Name	e, Job Title, Department)	
	Phone: 630-7777 E-	mail: jholland@coj.net	
Primary	realised coming of the control of the control	erty Appraiser	
Contact:	(Name, Job Title, Department)		
	Phone: 630-2403 E-	mail: kathleenc@coj.net	
CC:		vernmental Affairs, Office of the Mayor	
	904-630-1825 E-mail: JElsbury@	Ocoj.net	
COUN	CIL MEMBER / INDEPENDENT AG	ENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
T-:	Barry Sidman Office of Conoral C	tormed St. James Strite 400	
То:	Peggy Sidman, Office of General C Phone: 904-630-4647 E-		
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From:	Initiating Council Member / Independent Ag	(0 10 10 10 10 10 10 10 10 10 10 10 10 10	
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		mail:	
Primary		** ***********************************	
	(Name, Job Title, Department)	mail:	
	(Name, Job Title, Department)	** ***********************************	
	(Name, Job Title, Department) Phone: E-	mail:	
Contact:	(Name, Job Title, Department) Phone: E-	mail:	
Contact:	(Name, Job Title, Department) Phone: E- Allison Korman Shelton, Director of	mail:	
Contact:	(Name, Job Title, Department) Phone: E- Allison Korman Shelton, Director of 904-630-1825 E-mail:akshelto	mail:	
Contact: CC: Legislati	(Name, Job Title, Department) Phone: E- Allison Korman Shelton, Director of 904-630-1825 E-mail:akshelto	mail:	
Contact: CC: Legislatiapprovin	(Name, Job Title, Department) Phone: E- Allison Korman Shelton, Director of 904-630-1825 E-mail:akshelto ion from Independent Agencies required the legislation.	mail: Intergovernmental Affairs, Office of the Mayor n@coj.net ires a resolution from the Independent Agency Board	
Contact: CC: Legislati approvin	(Name, Job Title, Department) Phone: E- Allison Korman Shelton, Director of 904-630-1825 E-mail:akshelto ion from Independent Agencies require the legislation.	mail: mail: Intergovernmental Affairs, Office of the Mayor n@coj.net ires a resolution from the Independent Agency Board	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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