LEGISLATIVE FACT SHEET

DATE:	08/06/18		BT or RC No:	BT18-096
-		(Admini	istration & City Council B	ills)
SPONSOR:	Planning & Developme	ent / Community Pland	ning	
		(Department/Division/Age	ency/Council Member)	
Contact for all inq	uiries and presentation	s:		
Provide Name:	Kristen Reed, Chief, C	Community Planning D	ivision	
Contact	Number:	255-7837		
Email A	ddress:	kreed@coj.net		
Research will complete	er (Explain Why this legislation is this form for Council introduced vords - Maximum of 1 pag	legislation and the Administra	/hat, When, Where, How an	d the Impact.) Council ner legislation.
The Planning and De funding to be used fo source is a grant awa Division of Historical organize and conductionsist of research, fi	velopment Department, Con r contractual services for a parded to the City of Jacksonv Resources. Funds will be us ta historical resources surveield surveys, and preparationational Register of Historical	mmunity Planning Division, project named "Underrepresille, in the amount of \$49,9 ed to contract a profession by update of a minimum of a fundated Florida Master	sented Communities N R 262 from the State of Flor nal historical preservation fifty (50) historic structure r Site File forms. In additi	Nom." The funding ida, Department of State, specialist/consultant to es. The survey will

APPROPRIATION: Total Am List the source <u>name</u> and pro	nount Appropriated \$49,962.00 vide Object and Subobject Numbers for each cat		
(Name of Fund as it will appear in tit	le of legislation)		
Name of Federal Funding Source(s):	From:	Amount:	
	To:	Amount:	
Name of State Funding Source(s):	From: Dept. of State, Division of Historical Resources	Amount:	\$49,962.00
Training Course, (c).	Planning and Development Department / To: PDCM1F1MG / Grant Detail PDD020-19	Amount:	\$49,962.00
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):	To:	Amount:	
Explain: Where are the funds coming funding for a specific time frame? V 106 regarding funding of anticipated (Minimum of 350 words - Maximum of The funds will be received on a reim Resources. Funding shall be used thistorical resources survey update as	18 - 18 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	ation? Per C State, Divisio onsultant to	n of Historical conduct a

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

ACTION ITEMS: Yes	No	
Emergency?	X	Justification of Emergency: If yes, explanation must include detailed nature of
Federal or State Mandate?	х	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.
		This is an all years subfund
CIP Amendment? 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?
		Agreement between The State of Florida, Department of State and the City of Jacksonville. The Planning and Development Department will provide oversight. Blair Knighting, City Planner II, will be the contact for the contract which has been form approved by OGC.
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.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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 Continuation of Grant?	No X	Explanation: How will the funds be used? Does the the funding for a specific time frame and/or multi-yea grant? Are there long-term implications for the General	r? If multi-year, note year of
Surplus Property	×	Attachment: If yes, attach appropriate form(s).	
Certification? Reporting Requirements?	х	Explanation: List agencies (including City Council / / and frequency of reports, including when reports are (include contact name and telephone number) respo	due. Provide Department
1			
Division Chief:	ister	OD Roal (signature)	Date: 8/8/18
Prepared By:	Cha	(Signature)	Date: 8 8 18

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	William B. Killingsworth, Director, Planning & Development Department
	(Name, Job Title, Department)
	Phone: 255-7811 E-mail: BillK@coj.net
From:	Kristen Reed, Chief, Community Planning Division, Planning & Development Department
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 255-7837 E-mail: <u>kreed@coj.net</u>
Primary	Blair Knighting, City Planner II, Planning & Development Department
Contact:	(Name, Job Title, Department)
	Phone: 255-7854 E-mail: <u>bmullins@coj.net</u>
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor
	904-630-1825 E-mail: <u>JElsbury@coj.net</u>
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
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To:	
	Peggy Sidman, Office of General Counsel, St. James Suite 480
	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	Phone: 904-630-4647 E-mail: psidman@coj.net
	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
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From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor
From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor
From: Primary Contact: CC:	Phone:
Primary Contact: CC: Legislatic approving	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor 904-630-1825 E-mail: JElsbury@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.
Primary Contact: CC: Legislatic approving Independ	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor 904-630-1825 E-mail: JElsbury@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation. Ident Agency Action Item: Yes No
Primary Contact: CC: Legislatic approving Independ	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor 904-630-1825 E-mail: JElsbury@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.