LEGISLATIVE FACT SHEET

DATE:	03/05/19	BT or RC No:
		(Administration & City Council Bills)
SPONS	OR: Jacksonville Transpor	tation Authority
01 0110	orc. daoksonville Transpor	(Department/Division/Agency/Council Member)
Contact	for all inquiries and presentation	Jessica Shepler
Provide	Name:	
	Contact Number:	(904) 570-2194
	Email Address:	jshepler@jtafla.com
Research v		s necessary? Provide; Who, What, When, Where, How and the Impact.) Council legislation and the Administration is responsible for all other legislation.
Jacksonvi Board of [lle, MV Transportation saw a high turno Directors approved a contract amendme	to the improving economic growth and increase of job opportunities in over of drivers, leaving for better paying jobs. In February of 2018, the JTA ent to increase driver pay from \$9.45 per hour to \$12.45 per hour. Since significant improvement in service delivery.

APPROPRIATION: Total A	mount Appropriated	as follows:
List the source <u>name</u> 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:
	To:	Amount:
Name of State Funding Source(s):	From:	Amount:
Training or Grand Farinaming Counces (6).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
ivalile of ill-Killu Contribution(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	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.)

Schedule O – Operating Revenues within the CTC category – is revised upward from, \$9,231,901 to \$9,906,705 reflecting approximately \$674,804 in additional revenue transferred from bus operations to cover costs. Schedule P – Operating Expenditures – is revised upward, from 7,831,773, in the Services line item, to 8,506,577 to reflect the increase in expenses, totaling \$674,804.		
ACTION ITEMS: Purpose / Check L 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.
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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?
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. 2017-504-E
	2017-304-1
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? X	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

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone:	E-mail:	
From:			
	Initiating Department Representative ((Name, Job Title, Department)	
	Phone:	E-mail:	
Primary			
Contact:	(Name, Job Title, Department)		
	Phone:	E-mail:	
CC:			
	E-mail:		
COUN	CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
_			
To:		ral Counsel, St. James Suite 480	
	Phone: 904-630-4647	E-mail: psidman@coj.net	
From:	JTA-Jessica Shepler		
	Initiating Council Member / Independe	ent Agency / Constitutional Officer	
	Phone: 904-570-2194	E-mail: jshepler@jtafla.com	
Primary			
Contact:	(Name, Job Title, Department)		
	Phone:	E-mail:	
CC:			
	E-mail:		
Legislation	on from Independent Agencies r	requires a resolution from the Independent Agency Board	
approvin	g the legislation.		
Independ	dent Agency Action Item: Yes		
E	Boards Action / Resolution? x	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	