LEGISLATIVE FACT SHEET

DATE:	04/17/19	BT or RC I	No:	N/A
_		(Administration & Cit	y Council Bills)	
SPONSO	R: Office of G	eneral Counsel		
		(Department/Division/Agency/Council I	Member)	
Contact fo	r all inquiries and p	resentations		
Provide N	ame:	Tiffiny Douglas Safi or Sean Gra	nat	
Contact Number: Email Address:		(904) 255-5100		
		tsafi@coj.net; sgranat@coj.net		
Research will		nis legislation is necessary? Provide; Who, What, When, V ncil introduced legislation and the Administration is respon rum of 1 page.)		
Settlement A		d balance to pay settlement costs related to the City e of Inspector General of the United States Departm		
	RIATION: Total An ource <u>name</u> and pro	ount Appropriated: \$337,601 vide Object and Subobject Numbers for ea	.12 as follow	
(Name of Fu	nd as it will appear in tit	e of legislation)		
Name of Fed	oral Funding Source(a)	From:	Amount:	
Name of Federal Funding Source(s)		То:	Amount:	
		Erom	A mount:	
Name of State Funding Source(s):		From:	Amount:	
		То:	Amount:	
	City of Jacksonville ource(s):	From: General Fund - GSD fund balance	Amount:	\$337,601.12
Funding Sou		To: Judgements, Claims and Losses Over \$50,000	Amount:	\$337,601.12
		From:	Amount:	
Name of In-Kind Contribution(s)		То:	Amount:	
		10.	Amount.	
	umber 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.) ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** Yes No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? Χ emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate Χ including Statute or Provision. Mandate?

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.				
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?	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.					
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	Explanation: List agencies (included and frequency of reports, including (include contact name and telephorem)	ng when reports are due. Provi	de Department
Division Ohiof			Date	
Division Chief:		(signature)	Date:	
Prepared By:			Date:	
		(signature)		

ADMINISTRATIVE TRANSMITTAL

MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325					
(Name, Job Title, Department)					
Phone:	E-mail:				
Initiating Department Representative (Name, Job Title, Department)					
Phone:	E-mail:				
(Name, Job Title, Department)					
Phone:	E-mail:				
Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor					
904-630-1825 E-mail: JElsbury@coj.net					
CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
904-030-4047	E-mail: psidman@coj.net				
Tiffiny Douglas Safi					
Phone: 904-255-5072	E-mail: tsafi@coj.net				
Tiffiny Douglas Safi					
(Name, Job Title, Department)					
Phone: 904-255-5072	E-mail: tsafi@coj.net				
Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor					
904-630-1825 E-mail: JElsbury@coj.net					
on from Independent Agencies re	equires a resolution from the Independent Agency Board				
	squires a resolution from the independent Agency Board				
dent Agency Action Item: Yes	_ No_				
Boards Action / Resolution?	X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				
	(Name, Job Title, Department) Phone: Initiating Department Representative (If Phone: (Name, Job Title, Department) Phone: Jordan Elsbury, Director of Interest of Section (Interest) Output Department (Interest) CIL MEMBER / INDEPENDENT Peggy Sidman, Office of General Phone: 904-630-4647 Tiffiny Douglas Safi Initiating Council Member / Independer Phone: 904-255-5072 Tiffiny Douglas Safi (Name, Job Title, Department) Phone: 904-255-5072 Jordan Elsbury, Director of Interest of Section (Interest) 904-630-1825 E-mail: JElsburt on from Independent Agencies registed (Interest) Interest of the Independent Agencies registed (Interest) On from Independent Agencies registed (Interest) On from Independent Agencies registed (Interest)				