

LEGISLATIVE FACT SHEET

2013-0375

DATE: 05/13/13

BT or RC No: BT 13-067
(Administration Bills)

SPONSOR: Military Affairs, Veterans and Disabled Services Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate grant funds of \$250,000.00 from the Florida Defense Support Task Force/Enterprise Florida, Inc. These funds are necessary as this grant will be applied to repair the explosive ordnance disposal range at the 125th Air Wing of the Florida Air National Guard. The term of the grant agreement is from date of agreement execution until the Final Audit Report is accepted by Enterprise Florida, Inc.

APPROPRIATION: Total Amount Appropriated: \$250,000.00 as follows:

(Name of Fund as it will appear in title of legislation) FANG 125th Air Wing Explosive Ordnance Disposal Range

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: Florida Dept. Econ. Opp./Enterprise Florida Inc. Amount: \$250,000.00

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy) _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy) _____
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: RADM Vic Guillory, USN (ret), Director, Military Affairs, Veterans and Dis. Serv.

(Name, Job Title, Department)

Phone: 630-3680

E-mail: _____

Contact Harrison Conyers, Vet. And Comm. Outreach Manager, MAVDS

Person: (Name, Job Title, Department)

Phone: 630-3621

E-mail: hconyers@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: RADM Vic Guillory, USN (ret), Director, Military Affairs, Veterans and Dis. Serv.

(Name, Job Title, Department)

Phone: 630-3680

E-mail: _____

Contact Harrison Conyers, Vet. And Comm. Outreach Manager, MAVDS

Person: (Name, Job Title, Department)

Phone: 630-3621

E-mail: hconyers@coj.net

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED