

LEGISLATIVE FACT SHEET

2013-0481

DATE:

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Animal Care & Protective Services Division/Neighborhoods Department

PURPOSE/SUMMARY: Create a facility use agreement between the City and the Humane Society of the United States for temporary use of old shelter on West 1st Street for special needs

APPROPRIATION : Total Amount Appropriated: \$ _____ NONE _____ as follows:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

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

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: NONE – all utilities, improvements, and other costs to be picked up by HSUS/building user

ACTION ITEMS:

Emergency?	Yes _____	No <u>X</u>
Federal or State Mandates	Yes _____	No <u>X</u>
Fiscal Year Carryover?	Yes _____	No <u>X</u>
CIP Amendment?	Yes _____	No <u>X</u> (Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u>	No _____ (Attach a copy only)
C/A negotiations on-going?	Yes _____	No <u>X</u>
Oversight Department Required?	Yes _____	No <u>X</u> Name of Dept. _____
Related RC?/BT?	Yes _____	No <u>X</u> (Attach a copy)
Waiver of Code?	Yes <u>X</u>	(Identify Code Provision 126.202)
Code Exception?	Yes _____	No <u>X</u> (Identify Code Provision _____)
Continuation Grant?	Yes _____	No <u>X</u>
Surplus Property Certification?	Yes _____	No <u>X</u> (Attach a copy)

Related Enacted Ordinances? Yes ___ No x
Report Required to City Council/Council Auditors
Yes _____ No x Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325
CC: Chris Hand, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James
From: Scott Trebatoski, Division Chief Animal Care & Protective Services
(Name, Job Title, Department)
Phone: 255-7371 Fax: _____ E-mail: trebatos@coj.net
Contact person: Same as above
(Name, Job Title, Department)
Phone: _____ Fax: _____ E-mail: _____

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman (630-4647), or Jody Brooks (630-1720), Office of General Counsel
Suite 480, City Hall at St. James
From: _____
(Name, Job Title, Department)
Phone: _____ Fax: _____ E-mail: _____
Contact person: _____
(Name, Job Title, Department)
Phone: _____ Fax: _____ E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED