

# LEGISLATIVE FACT SHEET

DATE: 08/13/13

BT or RC No: 13-097  
(Administration Bills)

SPONSOR: Mayor's Office  
(Department/Division/Agency/Council Member)

## PURPOSE/SUMMARY:

To transfer funds from the Clerk of Courts to the City of Jacksonville's Office of Economic Development to cover the cost of operating the jury pool shuttle, in accordance with BT 13-097.

APPROPRIATION: Total Amount Appropriated: \$46,400.00 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: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

## IMPACT - FINANCIAL / OTHER:

The transfer will allow the Office of Economic Development to fund the jury pool shuttle for the remainder of the fiscal year.

## ACTION ITEMS:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| Emergency?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Federal or State Mandates?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Fiscal Year Carryover?                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| CIP Amendment?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Contract / Agreement (C/A) Approval?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| C/A Negotiations On-going?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Oversight Department Required?                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Related RC/BT?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Waiver of Code?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Code Exception?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Continuation of Grant?                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Surplus Property Certification?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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"/> |

## Justification of Emergency:

To provide for timely payment of the vendor and meet the timeline requested by Council.

(Attach CIP Form(s))  
(Attach a copy)

Name of Dept.: \_\_\_\_\_

(Attach a copy)

Identify Code: \_\_\_\_\_

Identify Code: \_\_\_\_\_

(Attach a copy)

Ordinance #: \_\_\_\_\_

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: Jack Shad, Public Parking Officer, Office of Economic Development

(Name, Job Title, Department)

Phone: 630-4990

E-mail: jshad@coj.net

Contact Jack Shad, Public Parking Officer, Office of Economic Development

Person: (Name, Job Title, Department)

Phone: 630-4990

E-mail: jshad@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: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**