

LEGISLATIVE FACT SHEET 2013-0559

DATE: 08/07/13

BT or RC No: BT 13-088
 (Administration Bills) RC 13-192

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

PURPOSE/SUMMARY:

To appropriate \$100,00 from the Jaguars Foundaionfor the funding of the City of Jacksonville and jaguars Veterans Resource and Reintegration Center. The Center will be managed by the Military Affairs, Veterans and Disabled Services Department. The Center will enhance MAVDS ability to provide social services, housing assistance, career related services and financial assistance to Veterans and tranistioning military.

APPROPRIATION: Total Amount Appropriated: \$100,000.00 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: <u>Jaguars Foundaiton</u>	Amount: <u>\$100,000.00</u>
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANICIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandates?	<input type="checkbox"/>	<input type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
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 V. Guillory, USN (ret), Director, Military Affairs, Veterans and Dis. Serv

Phone: 630-3680

E-mail: guillory@coj.net

Contact Harrison Conyers, Veterans and Community Outreach Manager

Person: (Name, Job Title, Department)

Phone: 630-03621

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 V. Guillory, USN (ret), Director, Military Affairs Veterans and Dis. Serv.

(Name, Job Title, Department)

Phone: 630-3680

E-mail: guillory@coj.net

Contact Harrison Conyers, Veterans and Community Outreach Manager

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