

LEGISLATIVE FACT SHEET 2013-0716

DATE: 09/24/13

BT or RC No: BT14-008
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate funds to provide ongoing miscellaneous assistance, as well as sponsorship of various community activities for people with disabilities to improve accessibility awareness and the quality of life for persons with a disability in Duval. \$103,500.00- See Attachment A

APPROPRIATION: Total Amount Appropriated: \$103,500.00 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: Handicap Parking Trust Fines and Forfeits Amount: \$103,500.00

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

The above appropriation is funded entirely from revenues already deposited and posted to the Handicapped Parking Trust Fund via Tax Collector; without the use of these funds Disabled Services Office will be unable to fulfill the Department of Justice Settlement Agreement or provide services and obligations to the Disabled Community.

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 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"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Council Auditors?

Date: October 2013 & March 2014 Frequency: Every 6 months

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: *Victor Guillory 7/20/13*
Victor Guillory, Director, Military Affairs, Veterans and Disabled Services Department
(Name, Job Title, Department)

Phone: (904) 630-4940

E-mail: guillory@coj.net

Contact Elizabeth Meyer, Manager, Disabled Services-Military Affairs, Veterans & Disabled Services Department
Person: (Name, Job Title, Department)

Phone: (904) 630-4940

E-mail: bmeyer@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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED