

LEGISLATIVE FACT SHEET

2013-0162

DATE: 10/02/13

BT or RC No: 14-007
(Administration Bills)

SPONSOR: Intra- Governmental/ Information Technology
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate funds from retained earnings in order to purchase new Mosquito Control System to replace the (MCMS) program, a 10 year system that is labor and resource intensive and does not support all processes. The new system will enhance response capability to address public health and nuisance issues. It will reduce the need to manually research and enter fog zones for work assignments. The new system will be able to track accuracy of service requests and ground applications. ITD was unable to complete the proper procurement process in FY 13 due to time constraints. ITD is requesting these funds be restored for this project to be completed in FY 14.

APPROPRIATION: Total Amount Appropriated: **\$138,268.00** as follows:

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

Name of Federal Funding Source:	_____	Amount:	_____
Name of State Funding Source:	_____	Amount:	_____
Name of City of Jax Funding Source:	<u>Fund Balance SF 536</u>	Amount:	<u>138,268.00</u>
Name of In-Kind Contribution:	_____	Amount:	_____
Name of Bond Acct:	_____	Amount:	_____
Bond Account Number:	_____		

IMPACT - FINANCIAL / OTHER:

[Empty box for impact details]

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"/>	[Empty box]
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"/>	(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: Usha Mohan, Chief Information Officer

(Name, Job Title, Department)

Phone: 255-8000

E-mail: umohan@coj.net

Contact Same

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

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