LEGISLATIVE FACT SHEET 2014-0007

| DATE: 11-19-13 | | | BT or l | RC No: | 14-018 | |
|---|------------|----------|--|---------------|------------------|-------------|
| | | | | istration B | | |
| | | | | | | |
| SPONSOR: Military Affairs, Ver | | | | _ | | |
| | (De | epartmen | t/Division/Agency/Cou | ıncil Memb | er) | |
| PURPOSE/SUMMARY: | | | | | | |
| To appropriate funds for the 2013 Homeles | c Votora | no Stand | down grant from the D | anadman | t of Laboria the | omount of |
| \$10,000. The Standdown provided critical s | | | | | | |
| Veterans. | | | | | 1 | |
| <u> </u> | • | | <u>, -, - , - , - , - , - , - , - , - , - </u> | | | |
| APPROPRIATION: Total Amount Appropriated: | | | | | as follows: | |
| (Name of Fund as it will appear in title of leg | jislation) | | | | | |
| Name of Federal Funding Source: US Department of Labor-VETS | | | | | Amount: | \$10,000.00 |
| Name of State Funding Source: | | | | | Amount: | |
| Name of City of Jax Funding Source: | | | | | | |
| Name of In-Kind Contribution: | | | | | | |
| Name of Bond Acct: | | | | | | |
| Dond Approved Numbers | | | | | | |
| Borid Account Number, | | | | · | | |
| IMPACT - FINANICIAL / OTHER: | | | | | | |
| | | | | | · | |
| | | | | | | : |
| Reimbursement of expenses: | | | | | | |
| ACTION ITEMS: | Yes | No | | | | |
| Emergency? | | × | Justification of Emer | rgency: | | |
| Federal or State Mandates? | | × | | | | |
| Fiscal Year Carryover? | | X | | | | |
| CIP Amendment? | | x | (Attach CIP Form(s) |) | | |
| Contract / Agreement (C/A) Approval? | | × | (Attach a copy) | | | |
| C/A Negotiations On-going? | | × | | | | |
| Oversight Department Required? | | х | Name of Dept.: | | | |
| Related RC/BT? | X | | (Attach a copy) | | | |
| Waiver of Code? | | × | Identify Code: | | | |
| Code Exception? | | X | Identify Code: | | | |
| Continuation of Grant? | | × | | | | |
| Surplus Property Certification? | | × | (Attach a copy) | | | |
| Related Enacted Ordinances? | | × | Ordinance #: | | | |
| Report Required to City Council or | | × | | | | |
| Council Auditors? | | | Date: | F | requency: | |

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 G. Guillon, Director, Military Affairs, Veterans and Disabled Services (Name, Job Title, Department) Phone: 630-3680 E-mail: guillory@coj.net | | | | | |
| Contact Harrison Conyers, Veterans and Outreach Manager, MAVDS | | | | | | |
| Person | : (Name, Job Title, Department) | | | | | |
| | Phone: 630-3621 E-mail: <u>hconyers@coj.net</u> | | | | | |
| • | | | | | | |
| 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) | | | | | |
| Person: | | | | | | |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED