

LEGISLATIVE FACT SHEET

2014-0044

DATE: 12/19/13

BT or RC No: _____
(Administration Bills)

SPONSOR: Jacksonville Fire Rescue Department
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Change Assistant Medical Director Agreement between the City of Jacksonville/Jacksonville Fire Rescue Department and Scott B. Baker, M.D. to Bradley J. Elias, M.D. with changes, due to Dr. Baker's retirement.

APPROPRIATION: Total Amount Appropriated: \$ _____ as follows:

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

Name of Federal Funding Source: _____	Amount: _____	\$0.00
Name of State Funding Source: _____	Amount: _____	\$0.00
Name of City of Jax Funding Source: _____	Amount: _____	\$0.00
Name of In-Kind Contribution: _____	Amount: _____	\$0.00
Name of Bond Acct: _____	Amount: _____	\$0.00
Bond Account Number: _____		

IMPACT - FINANCIAL / OTHER:

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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:

(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: Director/Fire Chief Martin L. Senterfitt

(Name, Job Title, Department)

Phone: 904-630-7873

E-mail: msenter@coj.net

Contact: Division Chief/Rescue, Ivan T. Mote

Person: (Name, Job Title, Department)

Phone: 904-630-7055

E-mail: mote@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