

LEGISLATIVE FACT SHEET 2014-0065

DATE: 12/18/13

BT or RC No: _____
(Administration Bills)

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

PURPOSE/SUMMARY:

To have current lease agreement between COJ and Mandarin -Loretto Volunteer Fire Department Inc. re-new

APPROPRIATION: Total Amount Appropriated: \$38,200.00 as follow

(Name of Fund as it will appear in title of legislation) Mandarin-Loretto Volunteer Fire Department Inc.

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: FRF0011FO-3403 Amount: _____

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: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ (Attach CIP Form(s))
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"/>	(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 type="checkbox"/>	<input checked="" 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: Kurt Wilson, Chief of Services, JFRD

(Name, Job Title, Department)

Phone: 904-630-7871

E-mail: kwilson@coj.net

Contact Gary Daly, AMIO Facilities, JFRD

Person: (Name, Job Title, Department)

Phone: 904-630-0204

E-mail: gdaly@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRA

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 approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED