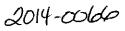
LEGISLATIVE FACT SHEET 2014-00160



DATE:	12/18/13			BT	or RC No:	
				(Adr	ninistration Bills)	
SPONSOR:	Jacksonville Fire a	nd Res	cue De	partment		
(Department/Division/Agency/Council Member)						
D. (DD005/01/1	MANA DV					
PURPOSE/SUI	MMARY:					
}						
To have current le	ase agreement between	COJ and	Fort Ge	orge Volunteer Fire	e Department re-newed.	
∆DDD∩DRI∆TI	ON: Total Amount	\ \nnron:	riated:	\$7600 00 a	nnually as follows:	
						
	it will appear in title of leg	isiation)	Fort G	eorge Volunteer Fi		
Name of State Fun	Amount:					
Name of City of Ja:	x Funding Source: FRF0	011FO-3	403		Amount:	
Name of In-Kind Co	ontribution:			.,	Amount:	
Name of Bond Acc	4.				Americati	
Bond Account Num	nber:					
IMPACT - FINA	NICIAL / OTHER:					
<u></u>						
ACTION ITEMS	3 :	Yes	No			
Emergency?			х	Justification of E	mergency:	
Federal or Sta			_ × _	· l		
Fiscal Year Ca			X			
CIP Amendme			Х	(Attach CIP Form	n(s))	
	eement (C/A) Approval?	×		(Attach a copy)		
-	ons On-going?		×			
• .	eartment Required?		×	Name of Dept.:		
Related RC/B			<u> </u>	(Attach a copy)		
Waiver of Cod		}	X	Identify Code:		
Code Exception		 	X	Identify Code:		
Continuation of		-	X	/A41_ab>		
· ·	erty Certification?			(Attach a copy)		
	ed Ordinances?		X	Ordinance #:		
Report Require Council Audit	ed to City Council or tors?	لـــا	X	Date:	Frequency:	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/e	o Roselyn Chall, Budg	et Office, St. James Suite 325					
Cc:	Chris Hand, Chief of Staff, Office of the Mayor							
From:		n , Chief of Operation	s, JFRD	_				
	•	Title, Department)						
	Phone: _	904-630-7871	E-mail: <u>kwilson@coj.net</u>					
Contact Gary Daly, AMIO Facilities, JFRD								
Person	: (Name, Job	Title, Department)						
	Phone:	904-630-0204	E-mail: gdaly@coj.net					
	_							
COU	NCIL MEMI	BER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER	TRANSMITTAL				
To:	Degay Sid	man Office of Genera	of Councel St. James Suite 180					
To:			al Counsel, St. James Suite 480 E-mail: psidman@coi.net					
To:	Peggy Sid Phone:	man, Office of Genera 630-4647	al Counsel, St. James Suite 480 E-mail: psidman@coj.net					
To: From:		630-4647	E-mail: psidman@coj.net					
	Phone:	630-4647						
	Phone:	630-4647	E-mail: psidman@coj.net					
	Phone:	630-4647 Title, Department)	E-mail: psidman@coj.net					
	Phone: (Name, Job Phone:	630-4647 Title, Department)	E-mail: psidman@coj.net					
From:	Phone: (Name, Job Phone:	630-4647 Title, Department)	E-mail: psidman@coj.net					
From:	Phone: (Name, Job Phone:	630-4647 Title, Department)	E-mail: psidman@coj.net	-				
From: Contac Person	Phone: (Name, Job Phone:	630-4647 Title, Department) Title, Department)	E-mail: psidman@coj.net E-mail:					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED