## **LEGISLATIVE FACT SHEET**

DATE:	06/21/2	2	BT or RC No: BT 22 - 299
'			(Administration & City Council Bills)
SPONSO	DR: Finance a	nd Administration De	epartment / Fleet Management Division
		(Departme	ent/Division/Agency/Council Member)
Contact f	for all inquiries and	presentations	Cris Tongol
Provide Name:			Cris Tongol
Contact Number:		25	55-7440
	Email Address:	ctong	ol@coj.net
			y? Provide; Who, What, When, Where, How and the Impact.) Council and the Administration is responsible for all other legislation.
(Minimun	n of 350 words - Max	imum of 1 page.)	
			questing to appropriate additional funds to cover the shortfall in
ı.		•	iscal year 2022. Fleet Management will require approximately all year 2022 this projection is based on best available data.
		3	

Page 1 of 5 Rev. 8/2/2016 (CLB RM)

APPROPRIATION: Total Ar		as follows	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	n category lis	ted below:
(Name of Fund as it will appear in t	itle of legislation)		
Name of Federal Funding Source(s)	From:	Amount: _	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount: _	
Trains or state variating source(s).	То:	Amount:	
Name of City of Jacksonville	From: Interfund - IS Funds	Amount:	\$5,306,047.00
Funding Source(s):	To: Fleet Management, Parts and Fueling Service	Amount:	\$5,306,047.00
Name of In-Kind Contribution(s):	From:	Amount:	
Traine of mirale contribution(e).	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	
Explain: Where are the funds com the funding for a specific time frame 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of The funding source for the \$5.3 mil	ROPRIATION / FINANCIAL IMPACT / OTHE ing from, going to, how will the funds be used? Does the? Will there be an ongoing maintenance? and stafficipated post-construction operation costs.  I page.)  Ilions on fuel will be coming from the General Fund Buck appropriation of these additional funds will cover the shapes.	ne funding requi fing obligation? Iget and Fleet In	Per Chapters ternal Revenues

Page 2 of 5 Rev. 8/2/2016 (CLB RM)

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes	No	
Emergency?	x	Justification of Emergency: If yes, explanation must include detailed nature of
· ·	ا ا	emergency.
Federal or State		Explanation: If yes, explanation must include detailed nature of mandate
Mandate?	Ľ	including Statute or Provision.
Fiscal Year	x	Note: If yes, note must include explanation of all-year subfund carryover language.
Carryover?		language.
01D A		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment?	X	mid-year amendment.
Contract / Agreement	x	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
Approval?		negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT? x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	x	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
		detailed explanation (injurially impacts)
Code Exception?	x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
		explanation (including impacts) within white paper.
Related Enacted		Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	x	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
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Page 3 of 5 Rev. 8/2/2016 (CLB RM)

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No Continuation of Grant?  X	Explanation: How will the funds be used ls the funding for a specific time frame ar year of grant? Are there long-term implicit	nd/or multi-year? If mu	ilti-year, note
Surplus Property Certification?  Reporting Requirements?	Attachment: If yes, attach appropriate for Explanation: List agencies (including Cit and frequency of reports, including when	y Council / Auditor) to reports are due. Prov	ide Department
Requirements!	(include contact name and telephone num	mber) responsible for ç	generating
Division Chief:	(signature)	Date:	6/21/2022
Prepared By:	(signature)	Date:	6/21/2022
	(Signature)		

## **ADMINISTRATIVE TRANSMITTAL**

	0, 00, 00, 100	Suite 325
Rachel Zimmer, Director of Inte	rgovernmental /	Affairs, Office of the Mayor
(Name, Job Title, Department)		
Phone: 255-5006	E-mail: _	rachelz@coj.net
Rachel Zimmer, Director of Inte	rgovernmental <i>i</i>	Affairs, Office of the Mayor
Initiating Department Representati	ve (Name, Job Ti	ile, Department)
Phone: 255-5006	E-mail: _	rachelz@coj.net
	rgovernmental /	Affairs, Office of the Mayor
(Hame, Job Title, Department)		
Phone: 255-5006	E-mail: _	rachelz@coj.net
Rachel Zimmer, Director of Inte	rgovernmental	Affairs, Office of the Mayor
Phone: 255-5006	E-mail: _	rachelz@coj.net
CIL MEMBER / INDEPENDE	NT AGENCY	CONSTITUTIONAL OFFICER TRANSMITTAL
Mary Staffanoulas Office of	General Cour	seal St. James Suite 480
•		0.750
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		-
Initiating Council Mambay (Indone	ndont Agonou / C	anatitutional Officer
Initiating Council Member / Indepe		
Initiating Council Member / Indepe		onstitutional Officer
Phone:	E-mail: _	
Phone:  (Name, Job Title, Department)	E-mail: _	
Phone:	E-mail: _	
Phone:  (Name, Job Title, Department)	E-mail: _	
Phone:(Name, Job Title, Department) Phone:	E-mail: _	
Phone:  (Name, Job Title, Department)  Phone:  Rachel Zimmer, Director of Interest of Inte	E-mail: _ E-mail: _ ergovernmental	Affairs, Office of the Mayor
Phone:  (Name, Job Title, Department)  Phone:  Rachel Zimmer, Director of Interpretation (Control of I	E-mail: _ E-mail: _ ergovernmental E-mail: _	Affairs, Office of the Mayor rachelz@coj.net
Phone:  (Name, Job Title, Department)  Phone:  Rachel Zimmer, Director of Interpretation (Control of I	E-mail: _ E-mail: _ ergovernmental E-mail: _	Affairs, Office of the Mayor
Phone:  (Name, Job Title, Department)  Phone:  Rachel Zimmer, Director of Interpretation  Phone: 255-5006  on from Independent Agencies  ing the legislation.	E-mail: _ E-mail: _ ergovernmental E-mail: _	Affairs, Office of the Mayor rachelz@coj.net
Phone:  (Name, Job Title, Department)  Phone:  Rachel Zimmer, Director of Interpretation  Phone:  255-5006  fon from Independent Agencies  ing the legislation.	E-mail: ergovernmental E-mail: es requires a re	Affairs, Office of the Mayor rachelz@coj.net
	Phone: 255-5006  Rachel Zimmer, Director of Intellinitiating Department Representation Phone: 255-5006  Rachel Zimmer, Director of Intellinitiating Department, Director of Intellinitiating Department, Director of Intellinitiating Department, Director of Intellinitiating Department Department Department Director of Intellinitiating Department Director of Intellinitiating Department Director of Intellinitiating Department Director of Intellinitiation Department Director of Intellinitiating Department Director of Intellinitiating Department Director of Intellinitiating Department Director of Intellinitiation Department Director Department Director Department Director Director Department Dire	Phone: 255-5006 E-mail: Rachel Zimmer, Director of Intergovernmental Anitiating Department Representative (Name, Job Tite Phone: 255-5006 E-mail: Rachel Zimmer, Director of Intergovernmental Anitomatical (Name, Job Titte, Department) Phone: 255-5006 E-mail: Rachel Zimmer, Director of Intergovernmental Anitomatical Phone: 255-5006 E-mail: Phone: Phone: 255-5006 E-mail: Phone: Phone: 255-5006 E-mail: Phone: Pho

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 5 of 5 Rev. 8/2/2016 (CLB RM)