LEGISLATIVE FACT SHEET

DATE:		07/24/23				BT or R0	C No:		N/A
					(Admin	istration &	City Coun	cil Bills)	
SPONS	SOR:	Tax Collecto	-						
			([Department/D	ivision/Age	ency/Counc	il Membe	ι)	
Contact	t for all inq	uiries and pr	esentations						
Provide	e Name:				Helen Rol	berson			
	Contact	Number:		(904) 25	5-7762				
	Email A	ddress:		hroberson(@coj.net				
Research (Minimu Pursuant	will complete um of 350 v to section 1	or (Explain Why thi this form for Coun words - Maxim 93.122, Florida fter all administra	ncil introduced le tum of 1 page Statutes, the V	egislation and the e.) /alue Adjustm	ne Administr nent Board	ration is resp ("VAB") ce	onsible for	all other led	ent rolls to the
Property	Appraiser th		quired extension	ons on the rol	ls to show	the taxes a	ıttributable		able property and
and on cl 2023, and may exte Pursuant	lassification and into the follend the millage	and exemption of lowing year. Sec ge against the ro 97.323, at the T	denials for the ction 197.323, olls and certify	2023 tax yea Florida Statu the tax rolls t	r. Those I tes, provide o the Tax (hearings wi es a proces Collector, b	II continue ss by whic efore VAE	e beyond N th the Prop 3 hearings	oerty Appraiser are completed.
attached	to the ordina	nt a letter to the ance as Exhibit of certify same to	1. City Council	directing the	Property A	Appraiser to	extend th	ne millage	

APPROPRIATION: Total Ar	mount Appropriated N/A ovide Object and Subobject Numbers for each of	as follows:
(Name of Fund as it will appear in ti	•	alegory listed below.
Name of Federal Funding Source(s)	From:	Amount:
value of rederait unding obtace(s)	То:	Amount:
Name of State Funding Source(a)	From:	Amount:
Name of State Funding Source(s):	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of la Kind Contribution (s)	From:	Amount:
Name of In-Kind Contribution(s):	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)	
N/A-No appropriation/no financial impact	
ACTION ITEMS: Purpose / Check L code provisions for each. ACTION ITEMS: Yes No	ist. If "Yes" please provide detail by attaching justification, and
Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if 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.
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.
ACTION ITEMS CONTINUED: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching r each.
ACTION ITEMS: Yes No Continuation of Grant?	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	X	Explanation: List agencies (including City Council / Auditor) to receive report and frequency of reports, including when reports are due. Provide Departme (include contact name and telephone number) responsible for generating	
Division Chief:		Date:	
		(signature)	
Prepared By: /s/ Helen Robe	erson	Date:	
		(signature)	

ADMINISTRATIVE TRANSMITTAL

MBRC, Budget Office, St. Jan	nes Suite 325
(Name, Job Title, Department)	
Phone:	E-mail:
Initiating Department Representative	(Name, Job Title, Department)
Phone:	E-mail:
(Name, Job Title, Department)	
	E-mail:
E-mail:	
CIL MEMBER / INDEPENDEN	IT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
M Ot	New and Occurred Ot James Out 400
•	
· · · · · · · · · · · · · · · · · · ·	
Phone: (904) 255-7762	E magile land a susan (a) and make
(001) 200 1102	E-mail: <u>hroberson@coj.net</u>
Helen Roberson, Office of General Cou	
Helen Roberson, Office of General Cou (Name, Job Title, Department)	
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762	unsel
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762 Brittany Norris, Director of Inte	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762 Brittany Norris, Director of Integration of Section 11 (2014)	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor ris@coj.net
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762 Brittany Norris, Director of Integration of From Independent Agencies	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762 Brittany Norris, Director of Integration of Section 11 (2014)	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor ris@coj.net requires a resolution from the Independent Agency Board
Helen Roberson, Office of General Cou (Name, Job Title, Department) Phone: 255-7762 Brittany Norris, Director of Integration of General Country of Phone: 255-7762 Brittany Norris, Director of Integration of General Country of General Coun	E-mail: hroberson@coj.net ergovernmental Affairs, Office of the Mayor ris@coj.net requires a resolution from the Independent Agency Board
_	(Name, Job Title, Department) Phone: Initiating Department Representative Phone: (Name, Job Title, Department) Phone: E-mail: E-mail: Mary Staffopoulos, Office of General (904) 255-5062 Helen Roberson, Office of General Initiating Council Member / Independent