LEGISLATIVE FACT SHEET

05/15/19	BT or RC No:
	(Administration & City Council Bills)
Mayor's Office	
(D	epartment/Division/Agency/Council Member)
quiries and presentations	Brian Hughes
	Brian Hughes
Number:	904.255.5512
ddress:	hughesb@coj.net
this form for Council introduced led	ecessary? Provide; Who, What, When, Where, How and the Impact.) Council dislation and the Administration is responsible for all other legislation.
m and Television functional aces and clarifies the duties of the	tivity will be moved to the Office of Economic Development. This e renamed Philanthropic Officer to the Director of Strategic bact, and no change in authorized positions with this reorganization.
() ()	Mayor's Office (Disputive and presentations) Number: ddress: or (Explain Why this legislation is not this form for Council introduced legion of the sand Entertainment Office to a mand Television functional actes and clarifies the duties of the sand clarifies the duties of the sand clarifies the duties of the sand clarifies the san

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APPROPRIATION: Total Amount Appropriated as follows:				
List the source name and pro	ovide Object and Subobject Numbers for each	category listed below:		
(Name of Fund as it will appear in t	itle of legislation)			
Name of Federal Funding Source(s)	From:	Amount:		
	То:	Amount:		
	From:	Amount:		
Name of State Funding Source(s):	FIOIII.	Amount.		
	То:	Amount:		
Name of City of Jacksonville Funding Source(s):	From:	Amount:		
	То:	Amount:		
Name of In-Kind Contribution(s):	From:	Amount:		
	То:	Amount:		
Name & Number of Bond Account(s):	From:	Amount:		
	То:	Amount:		

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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.)	
No financial impact	
ACTION ITEMS: Purpose / Check List. code provisions for each.	. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No	
Emergency? X Jus	stification of Emergency: If yes, explanation must include detailed nature of nergency.
	planation: If yes, explanation must include detailed nature of mandate cluding Statute or Provision.
<u> </u>	

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Fiscal Year Carryover?		Х	Note: If yes, note must include explanation of all-year subfund carryover language.
· _			
CIP Amendment?	— г	\ _	Attachment: If yes, attach appropriate CIP form(s). Include justification for
Contract / Agreement Approval?		Χ	mid-year amendment. 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?	\neg \lceil	X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		Х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	\neg	Х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
_			
Related Enacted Ordinances?	Y		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.
_			Chapter 27 - Office of Sports and Entertainment, Chapter 28 - Parks, Recreation and Community Services, Chapter 111 - Special Revenue and Trust Account, Chapter 20 - Executive Office of the Mayor, Chapter 26 - Office of Economic Development
ACTION ITEMS CONT justification, and code p		-	pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS:	Yes	No	
Continuation of Grant?		Х	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?
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Surplus Property Certification?	X	Attachment: If yes, attach app	propriate form(s).
Reporting Requirements?	X	and frequency of reports, inclu	cluding City Council / Auditor) to receive reports ding when reports are due. Provide Department ephone number) responsible for generating
·	·		
Division Chief:			Date:
		(signature)	
Prepared By:			Date:
		(signature)	

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:				
	(Name, Job Title, Department)			
	Phone: E-mail:			
From:	Brian Hughes, Chief of Staff			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 255-5512 E-mail: <u>hughesb@coj.net</u>			
Primary	2. Mari Tagrico, Critor of Ctan			
Contact:	(Name, Job Title, Department)			
	Phone: 255-5512 E-mail: <u>hughesb@coj.net</u>			
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor			
	904-255-5013 E-mail: <u>jelsbury@coj.net</u>			
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
10.	Phone: 904-630-4647 E-mail: psidman@coj.net			
From:				
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer			
ъ.	Phone: E-mail:			
Primary Contact:				
Contact.	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor			
	904-255-5013 E-mail: <u>jelsbury@coj.net</u>			
I egislatid	on from Independent Agencies requires a resolution from the Independent Agency Board			
-	g the legislation.			
	dent Agency Action Item: Yes No			
E	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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