## **LEGISLATIVE FACT SHEET**

DATE:	03/27/19	_	BT or RC No:	BT 19-082
		(Admini	istration & City Coun	cil Bills)
SPONSOR:	Parks, Recreation and			
		(Department/Division/Age	ncy/Council Membe	r)
Contact for all in	quiries and presentation		<del></del>	
Provide Name:	Bob	Skalitzky, Chief of Natura	al and Marine Resou	rces
Contac	t Number:	255-7912		
Email A	Address:	rskalitzky@coj.net		

APPROPRIATION: Total Amount Appropriated \$90,000.00 as follows: List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below: (Name of Fund as it will appear in title of legislation) Amount: Name of Federal Funding Source(s) To: Amount: From: Amount: Name of State Funding Source(s): To: Amount: Name of City of Jacksonville AFOD64GLOBWL 04904 \$90,000.00 From: Amount: Funding Source(s): RPCP32CF5720 06505 PR0554 03 \$90,000.00 To: Amount: From: Amount: Name of In-Kind Contribution(s): To: Amount: Name & Number of Bond From: Amount: Account(s):

To:

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	cipated post-construction operation costs.  1 page.)	
Funds are being transfered from	oblolly Wetlands Mitigation Fund account to the Southeast Regional F he \$90,000 will be used to construct a 500 foot wooden boardwalk.	ark Development
(I difficite Education I diffy decodation	to the specific will be used to contain a see feet messagn beatawant.	
ACTION ITEMS: Purpose code provisions for each.	Check List. If "Yes" please provide detail by attaching just	tification, and
•		*
ACTION ITEMS: Yes	No  Justification of Emergency: If yes, explanation must include	detailed nature of
Emergency?	emergency.	
×		
Federal or State  Mandate?	Explanation: If yes, explanation must include detailed nature including Statute or Provision.	e of mandate
	· ·	

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CarryOver :	language.
	Attachment If you offeet engrapsists CIP form(a) Include justification for
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement	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?
	, and the second
	*
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 Reference: If yes, identify code in box below and provide detailed
Code Exception? x	explanation (including impacts) within white paper.
<del>-</del>	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted x Ordinances?	reference number in the box below and provide detailed explanation and any
	changes necessary within white paper.  Section 111.780 Ordinance Code, Ord 2018-232
	rpose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions for	or each.
ACTION ITEMS: Yes No	
Continuation of	Explanation: How will the funds be used? Does the funding require a match?
Grant? x	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 reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating	
M			
Division Chief:	MA	(signature)	3
Prepared By:	th	(signature) Date: 3/37/30/9	
		(SINDS) IAI	

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Daryl Joseph, Director, Parks, Recreation and Community Services  (Name, Job Title, Department)		
	Phone: 255-7903 E-mail: Djoseph@coj.net		
From:	Robert Skalitzky, Chief, Natural and Marine Resources, PRCS Initiating Department Representative (Name, Job Title, Department)		
	Phone: 255-7912 E-mail: <u>rskalitzky@coj.net</u>		
Primary Contact:	Daryl Joseph, Director, Parks, Recreation and Community Services  (Name, Job Title, Department)		
	Phone: 255-7903 E-mail: <u>djoseph@coj.net</u>		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: jelsbury@coj.net		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net		
From:			
	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: E-mail:		
Primary			
Contact:	(Name, Job Title, Department)		
	Phone: E-mail:		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>jelsbury@coj.net</u>		
approvin Independ	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.  dent Agency Action Item:  Boards Action / Resolution?  Attachment: If yes, attach appropriate documentation. If no, when is beard action appropriate.		
	when is board action scheduled?		

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 6 of 6 Rev. 8/2/2016 (CLB RM)