

LEGISLATIVE FACT SHEET

DATE: 09/22/20

BT or RC No: BT21-011
(Administration & City Council Bills)

SPONSOR: MILITARY AFFAIRS AND VETERANS DEPARTMENT
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: HARRISON CONYERS

Provide Name: HARRISON CONYERS

Contact Number: 904-255-5522

Email Address: HCONYERS@COJ.NET

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

Requesting authority to authorize funds from the Veterans Memorial Arena Trust Fund into an expense account. This request is necessary to disburse funds through mini-grants to area Veterans serving agencies.

APPROPRIATION: Total Amount Appropriated: \$62,912.88 as follows:
 List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of Contribution(s)	From: Contributions from Private Sources - Veterans Council of Duval County <u>Transfer from 47101</u>	Amount: <u>\$62,912.88</u>
	To: Trust Fund Authorized Expenditures	Amount: <u>\$62,912.88</u>
Name & Number of Bond Account(s)	From: _____	Amount: _____
	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 of 1 page.)

Requesting authority to authorize funds from the Veterans Memorial Arena Trust Fund into an expense account. This request is necessary to disburse funds through mini-grants to area Veterans serving agencies.

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

ACTION ITEMS:		Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Justification of Emergency: If yes, explanation must include detailed nature of emergency. <input type="text"/>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <input type="text"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Note: If yes, note must include explanation of all-year subfund carryover language. <input type="text"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. <input type="text"/>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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? <input type="text"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Attachment: If yes, attach appropriate RC/BT form(s). <input type="text"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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. <input type="text"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

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 reports.

Division Chief: 
(signature)

Date: 10/1/2020

Prepared By: Mala D. Amador
(signature)

Date: 9/22/20

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: WILLIAM S. SPANN, DEPARTMENT DIRECTOR, MILITARY AFFAIRS AND VETERANS
(Name, Job Title, Department)
Phone: 904-555-5521 E-mail: bspann@coj.net

From: HARRISON CONYERS, MILITARY AND VETERANS AFFAIRS OPERATIONS MANAGER
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-5522 E-mail: hconyers@coj.net

Primary Contact: HARRISON CONYERS, MILITARY AND VETERANS AFFAIRS OPERATIONS MANAGER
(Name, Job Title, Department)
Phone: 904-255-5522 E-mail: hconyers@coj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 904-255-5015 E-mail: LeeannK@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: 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: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 904-255-5015 E-mail: LeeannK@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No
Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED