LEGISLATIVE FACT SHEET

DATE:		01/21/20	BT or RC No:	
			(Administration & City Council Bills)	-
SPONS	OR: J	acksonville Aviation A	Authority	
	_		(Department/Division/Agency/Council Member)	
0	for all insuri	isiaa and nyaaantatian	Debra Braga or Richard Rossi	
	•	iries and presentation		
Provide	_	b 004 744 /	Debra Braga or Richard Rossi	
	Contact N		6414 (Braga) 741-2003 (Rossi)	-
	Email Add	dress: <u>a@flyjackson</u>	ville.com; Richard.Rossi@flyjackso	
Research	will complete thi	Explain Why this legislation is is form for Council introduced ords - Maximum of 1 pages	s necessary? Provide; Who, What, When, Where, How and the Impact.) Clegislation and the Administration is responsible for all other legislation.	Council
The legis through a coverage section 1: authorize	ation allows the noutside carrest. This withdrawates. This withdrawates. The withdrawates as well as ef	he JAA to withdraw from the rier who also provides othe wal is permitted through the izes withdrawal from the power wal via resolution 2019-02	The JAA will provide coverage insurance to JAA. This provides a cost savings as well as better insurance to JAA. This provides a cost savings as well as better e COJ Risk Management Code, section 128.101, et seq, specificators are with City Council Approval. The JAA Board of Directors at the November 25, 2019 public meeting. Specifics are provided a sufficient time to get the new insurance effective without any laps	ally in the
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APPROPRIATION: Total Ar List the source <u>name</u> and pro	mount Appropriated ovide Object and Subobject Numbers for each	as follows: category listed below:	
(Name of Fund as it will appear in t		-	
Name of Federal Funding Source(s)	From:	Amount:	
tamo or roughan anamy source(e)	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
realite of otate 7 unumg course(s).	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
wante of in-tailed contribution(s).	То:	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' the funding for a specific time frame? Will there be an ongoing maintenance? and staffing obligation? Per Chapte 122 & 106 regarding funding of anticipated post-construction operation costs. (Minimum of 350 words - Maximum of 1 page.)	
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, a code provisions for each.	and
ACTION ITEMS: Yes No Emergency?	ture of
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Federal or State Mandate? Explanation: If yes, explanation must include detailed nature of mandatincluding Statute or Provision.	te

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
July 2131.	
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?
	-
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
Code Exception:	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
Ordinances?	changes necessary within white paper.
ACTION ITEMS CONTINUED: Pur justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching
	each.
ACTION ITEMS: Yes No	Explanation: How will the funds be used? Does the funding require a match?
Continuation of X X Grant?	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?	х	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
Division Chief: Dllm	ig	(signature) Date: 1/22/2010
Prepared By: Demy	d	(signature) Date: 1/22/2020

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325				
Thru:	-	**			
	(Name, Job Title, Department)				
	Phone: E-mail:				
From:					
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: E-mail:				
Primary					
Contact:	(Name, Job Title, Department)	<u> </u>			
	Phone: E-mail:				
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 TRANSMITT	AL			
Τ	Denny Cidway Office of Consuel Coursel Ct. James Cuite 400	-			
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-255-5055 E-mail: psidman@coj.net				
_					
From:	Initiating Council Member / Independent Agency / Constitutional Officer	-			
	Phone: E-mail:				
Deimora	Thomas Email				
Primary Contact:	(Name, Job Title, Department)				
	Phone: E-mail:	-			
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CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-255-5013 E-mail: <u>JElsbury@coj.net</u>	_			
_	on from Independent Agencies requires a resolution from the Independent Agency Boar	ď			
	ng the legislation. dent Agency Action Item: Yes No				
•	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. when is board action scheduled?	Īf no,			