## **LEGISLATIVE FACT SHEET**

DATE: 11/30/2	<u>                                       </u>	BT or RC No:	BT22- 033
	(Adminis	tration & City Council Bills)	
SPONSOR: Finance ar	nd Administration		
	(Department/Division/Ager	ncy/Council Member)	
Contact for all inquiries and p	presentation	Teresa Eichner	
Provide Name:	Teresa Eid	hner	
Contact Number: 90	04-255-5289		
Email Address: te	ichner@coj.net		
PURPOSE: White Paper (Explain Why Research will complete this form for Co (Minimum of 350 words - Maxin	this legislation is necessary? Provide; Who, Wuncil introduced legislation and the Administra mum of 1 page.)	hat, When, Where, How and t tion is responsible for all other	he Impact.) Council legislation.
funding for the addition of art at this	the Art in Public Places project to the So location. Deferral of this amendment of t interests of the community becuase suc	the CIP until the next annua	al budget and CIP
APPROPRIATION: Total Ar List the source <u>name</u> and pro (Name of Fund as it will appear in to	ovide Object and Subobject Numb		= :
Name of Federal Funding Source(s)	From:	Amount:	·
value of Federal Fullding Source(s)	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
	To:	Amount:	
Name of City of Jacksonville Fundir	From: Art in Public Places Trust Fund	Amount:	\$40,000.00
	To: Art in Public Places Trust Fund	Amount:	\$40,000.00
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	1
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.)

This transfer will move funding from the Art in Public Places project to the Southside Senior Center project to provide funding for the addition of art at this location. No match is required.

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

ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State  Mandate?	х	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.  All-years funding
CIP Amendment? X Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for 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? Waiver of Code?	X	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION	N ITEMS: <u>ye</u>	s No				
Co	ontinuation of	x	Explanation: How Is the funding for a	will the funds be used? It a specific time frame and	Does the funding re /or multi-year? If m	quire a match? ulti-year, note
	Grant?		year of grant? Are	there long-term implicati	ions for the General	Fund?
_						
	olus Property Certification?	x	Attachment: If yes	, attach appropriate form	(s).	
	Reporting	+	Explanation: List a	gencies (including City C	Council / Auditor) to	receive reports
Re	equirements?		and frequency of re	eports, including when re- le contact name and tele	ports are due. Prov	ide
	L			o comportante and tolo	priorie ridiniber) resp	JOHS IDIE 101
		15				
Divis	sion Chief:	-			Date:	11/16/2021
	2		(signature)			
Pre	Prepared By: Date: 11/16/2021					
			(signature)			
		<u>AC</u>	MINISTRATIVE	TRANSMITTAL		
To:	MBRC, c/o Jasn	nine Jorda	n, Budget Office	St. James Suite 32	5	
Thru:	nru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor					
	(Name, Job Title, D					
	Phone: 255	5-5006	E-mail: <u>ra</u>	chelz@coj.net		
From:	From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor					
			ative (Name, Job Tit		<u> </u>	
	Phone: 255	5-5006	E-mail: <u>ra</u>	chelz@coj.net		
Primary	Rachel Zimmer, D	Director of In	ntergovernmental A	Affairs, Office of the Ma	ıyor	
Contact:	(Name, Job Title, D				<u> </u>	
	Phone:255	5-5006	E-mail: <u>ra</u>	chelz@coj.net		
CC:	Rachel Zimmer,	Director o	f Intergovernmer	ntal Affairs, Office of	the Mayor	
		5-5006	E-mail:	rachelz@coj.net		

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
	Phone: _	255-5055	E-mail: _	psidman@coj.net	
From:					
	Initiating Co.	ıncil Member / Indepe	endent Agency / (	Constitutional Officer	
	Phone: _		E-mail: _		
Primary		·			
Contact:	(Name, Job	Title, Department)			
	Phone: _		E-mail:		
CC:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor				
	Phone: _	255-5006	E-mail:	rachelz@coj.net	
approving Independ	g the legislatent Agenc	ation.	Yes No	resolution from the Independent Agency Board  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED