LEGISLATIVE FACT SHEET

DATE:	11/16/22	•	BT or RC No: _	
			(Administration & City Co	uncil Bills)
SPONS	OR: Mayor's Off	fice		
0. 0			nent/Division/Agency/Council Memb	per)
Contact	for all inquiries and p	resentations	Brian Hughe	es
Provide	•	B-1111111	Brian Hughes	
	Contact Number: 90)4-255-5012		
	Email Address: <u>hu</u>	ighesb@coj.net		
Research w		ıncil introduced legislatior	ry? Provide; Who, What, When, Where, and the Administration is responsible t	
			on the March 21, 2023 First Conso nd qualification for other elected of	
List the	PRIATION: Total Ansource name and pro	ovide Object and S	d ubobject Numbers for each o	as follows: category listed below:
		From:		Amount:
Name of Fe	ederal Funding Source(s)	To:		Amount:
Name of S	State Funding Source(s):	From:		Amount:
	_	То:		Amount:
Name of C	City of Jacksonville Fundin	From:		Amount:
Thursday .	, 5. Sastostitus ration	То:		Amount:
		From:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Amount:
Name of it	n-Kind Contribution(s):	То:		Amount:
Name & N	lumber of Bond	From:		Amount:
Account(s		To		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.)				
ACTION ITEMS: Purpose / Check I code provisions for each.	List. If "Yes" please provide detail by attaching justification, and			
ACTION ITEMS: Yes No Emergency? x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.			
Federal or State Mandate?	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.			
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? x 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? x	Code Reference: If yes, identify code in box below and provide detailed 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 changes necessary within white paper.			

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

ACTION	I ITEMS: Y	es No				
Continuation of			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?			
	plus Property Certification? Reporting equirements?	x x	Explanation: List a and frequency of re	, attach appropriate form(s agencies (including City Co eports, including when rep ame and telephone numbe	ouncil / Auditor) to orts are due. Pro	vide Department
Divis	ion Chief:	IDA	(signature)	7	Date:	11/16/2022
Pre	pared By: Jul	p DI	(signature)		Date:	11/16/2022
		<u>AD</u>	MINISTRATIVE	TRANSMITTAL		
То:	MBRC, c/o the	Budget Off	ice, St. James S	Suite 325		
Thru:	Brian Hughes					
	904-	-255-5012	_	hughesb@coj.net		
From:	Brian Hughes					
	-		ative (Name, Job Tit			
	Phone: 904-	255-5012	_ E-mail: _	hughesb@coj.net		
Primary	Brian Hughes					
Contact:	(Name, Job Title, I	Department)				
	Phone: 904-	-255-5012	E-mail: <u>h</u>	ughesb@coj.net		
CC:				Affairs, Office of the May	/or	
	Phone: 25	55-5006	E-mail:	rachelz@coj.net		

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staf	Mary Staffopoulos, Office of General Counsel, St. James Suite 480					
	Phone:	904-255-5062	E-mail:	mstaff@coj.net			
From:							
	Initiating Co	ouncil Member / Independe	ent Agency /	Constitutional Officer			
	Phone:_		E-mail:				
Primary							
Contact:	(Name, Job	Title, Department)					
	Phone:		E-mail:				
CC:	Rachel Zir	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor					
	Phone:	255-5006	E-mail:	rachelz@coj.net			
approving Independ	ig the legis dent Ageno	· · · · · · · · · · · · · · · · · · ·	s No	resolution from the Independent Agency Board Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			
		L		Which is bound action deficiency.			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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