LEGISLATIVE FACT SHEET

DATE:	08/12/19	BT or RC No: BT	19-115
,	=	(Administration & City Council Bil	ls)
			to ·
SPONSOR:	Parks, Recreat	n and Community Services Department/Disable	d Services Division
ñ	1	(Department/Division/Agency/Council Member)	
Contact for all in	nquiries and prese	tations Kara Tucker	
Provide Name:		Kara Tucker	* -
Conta	ct Number:	255-5472	10
Email	Address:	karaT@coj.net	~ *
Research will complete (Minimum of 350) The Handicap Park	te this form for Council ir) words - Maximum ing Fines Special Rev	ation is necessary? Provide; Who, What, When, Where, How and duced legislation and the Administration is responsible for all other 1 page.) The Fund is a permanent fund for parking fines received by (4) and Sec 804.1012. The handicap parking fines shall be	er legislation.
accessibility and ed	qual opportunity to qua programs in the County	ied physically disabled persons in the County and to provide oncerning physically disabled persons. These funds shall	de funds to conduct
Disability Council in	nitiatives, emergency a	aptive recreation, student scholarships, summer camp sportistance program, the wheelchair ramp program, education ensure online accessibility.	
		vices Department (PRCS) respectfully requests authorizati licap Parking Fines Special Revenue Fund.	on to submit legislation
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APPROPRIATION: Total A		00,000.00 a		
List the source <u>name</u> and pro	ovide Object and Subobject Numbers	s for each cate	egory listed b	elow:
(Name of Fund as it will appear in t	itle of legislation) Handicap Parking Fines			
Name of Federal Funding Source(s	From:	A	mount:	
	То:		mount:	(4)
Name of State Funding Source(s):	From:	A	Amount:	
Traine or State value ig Section (5).	То:		Amount:	
Name of City of Jacksonville	Handicap Parking Fines/Parking Fines From: RPDS1H8 35402 CSDHPF		Amount:	\$500,000.00
Funding Source(s):	Handicap Parking Fines To: RPDS1H8 04211/04221/04904 CSDHF	PF A	Amount:	\$500,000.00
Name of In-Kind Contribution(s):	From:		Amount:	
Name of m-Kind Contribution(s).	То:		Amount:	
Name & Number of Bond	From:	<i>F</i>	Amount:	
Account(s):	То:	,	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.

connection with the F accessibility and equa	g Fines Special Revisionida Statue 316.00 al opportunity to qua grams in the County	enue Fund is a permanent fund for parking (8(4) and Sec 804.1012. The handicap parties of the physically disabled persons in the 0	arking fines shall be used to improve
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ACTION ITEMS: code provisions fo ACTION ITEMS	or each.	List. If "Yes" please provide deta	
Emerger	ncy? X	Justification of Emergency: If yes, expended emergency.	planation must include detailed nature of
Federal or S Manda		Explanation: If yes, explanation must including Statute or Provision.	include detailed nature of mandate
		equal opportunity to qualified physical	nds to be used to improve accessibility and ly disabled persons in the County and to ness programs in the County concerning

Fiscal Year X Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
Curryovor.	Funds shall not lapse but shall carry forward year to year; per ordinance 804-1012
D 10	
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement X Approval?	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?
	5 E
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Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
	Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code? X	detailed explanation (including impacts) within white paper.
	O. J. D. Commun. Margarithments in how below and provide detailed
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
a 2 2	5
Related Enacted X 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.
	Sec 804.1012
	2
ACTION ITEMS CONTINUED: Put	rpose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions fo	
ACTION ITEMS: Yes No	
	Explanation: How will the funds be used? Does the funding require a match? Is
Continuation of Grant?	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? Reporting Requirements?	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 a semi-annual statement of accounting for the Handicap Parking Fines Special Revenue Fund (RPDS1H8) is requested every six months from the General Accounting Department. The report is distributed to the City Auditors (Billy Kyl	nt orts. al
× 2	Council Auditor, Heather Reber, Principal Auditor) and Disabled Services -Kar Tucker, Chief- 255-5472. Report Date: October 2019 and March 2020.	ra
Division Acting Chief: Kowa	Tuckey Date: 8 - [2-	-19
Prepared By: Bull Co	Date: 8 1010	1_

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	Daryl Joseph, Director, Parks, Recreation and Community Services Department (Name, Job Title, Department)
	Phone: 255-7903 E-mail: Djoseph@coj.net
From:	Kara Tucker, Acting Chief, Disabled Services Division, Parks, Recreation and Community Services Dept Initiating Department Representative (Name, Job Title, Department) Phone: 255-5472 E-mail: <u>KaraT@coj.net</u>
Primary Contact:	Kara Tucker, Acting Chief, Disabled Services Division, Parks, Recreation and Community Services Dept
(7 - E)	Phone: 255-5472 E-mail: <u>KaraT@coj.net</u>
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net
COU	NCIL 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:	Phone: E-mail:
approvir Indepen	ion from Independent Agencies requires a resolution from the Independent Agency Board ng the legislation. Ident Agency Action Item: Yes No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED