LEGISLATIVE FACT SHEET

DATE: 02/19	1/20	BI or RC	NO:
		(Administration & Cit	y Council Bills)
SPONSOR: Parks,		community Services/Office of the opening of the ope	
Contact for all inquiries ar	nd presentations	Bob Sk	alitzky
Provide Name: Bob Ska	Litzky, Chief of Natu	ural and Marine Resources	
Contact Number			
Email Address:	RSkalitzky@co	j.net	<u> </u>
	r Council introduced lea	ecessary? Provide; Who, What, When, V dislation and the Administration is respon	
which was funded in CIP FYI 13 unavoidable due to site constra Easement (CE) is required over CE area in its natural condition	7-18 and FY18-19. T ints. In order to obta r approximately 0.25 in perpetuity.	The design of the facility includes we in the necessary project permits from acres to off-set the adverse impacts partment (PRCS) respectfully reques	m SJRWMD, a Conservation The City will need to preserve the
APPROPRIATION: Total List the source <u>name</u> and (Name of Fund as it will appear	provide Object a	nd Subobject Numbers for ea	as follows: ach category listed below:
lama of Fodoval Funding Cours	From:		Amount:
Name of Federal Funding Source(s)	To:		Amount:
Name of State Funding Source(s):	(s): From:		Amount:
	То:		Amount:
Name of City of Jacksonville Funding Source(s):	From:		Amount:
	To:		Amount:
Name of In-Kind Contribution(s):): From:		Amount:
	То:		Amount:
Name & Number of Bond	From:		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. (Minimum of 350 words - Maximum of 1 page.)			
No funds are needed or financial im		n Easement.	
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ů.		s	
ACTION ITEMS: Purpose / Code provisions for each.	Check List. If "Yes" please pro	ovide detail by attaching justification, and	
ACTION ITEMS: Yes Emergency?	x Justification of Emergency emergency.	r: If yes, explanation must include detailed nature of	
Federal or State Mandate?	including Statute or Provis	nation must include detailed nature of mandate sion. ent is required by the SJRWMD permit conditions for	
Fiscal Year	the Southside Senior Cen		
Carryover?	x language.		
CIP Amendment? Contract / Agreement Approval?	mid-year amendment. Attachment & Explanation of Department (and conta	appropriate CIP form(s). Include justification for If yes, attach the Contract / Agreement and name ct name) that will provide oversight. Indicate if and with whom. Has OGC reviewed / drafted?	

	OGC is reviewing the Conservation Easement. Oversight of the Conservation Easement will be provided by Brian Burket, 255-7935, in PRCS.
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. Adopted CIP for FY17-18 and FY18-19 provided funding for design and construction of the Southside Senior Center.
ACTION ITEMS CONTINUED: Pur ustification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No Continuation of Grant?	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? 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

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Division Chief: (signature)	Date: 2 /19/2020
Prepared By:(signature)	Date:

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325				
Thru:	Daryl Joseph, Director, Parks, Recreation and Community Services				
	(Name, Job Title, Department)				
	Phone: 255-7903 E-mail: Djoseph@coj.net				
From:	Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: 255-7912 E-mail: <u>rskalitzky@coj.net</u>				
Primary Contact:	Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department				
Contact.	(Name, bob Tide, Department)				
	Phone: 255-7912 E-mail: <u>rskalitzky@coj.net</u>				
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: <u>jelsbury@coj.net</u>				
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
<u> </u>					
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
	Phone: 904-630-4647 E-mail: psidman@coj.net				
From:					
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone:				
Primary					
	(Name, Job Title, Department)				
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: <u>jelsbury@coj.net</u>				
l a allalati	The state of the s				
	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.				
	g the legislation. dent Agency Action Item: Yes No				
	Attachment: If you ottach appropriate decumentation. If no				
ı	Boards Action / Resolution? x when is board action scheduled?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED