LEGISLATIVE FACT SHEET

DATE:	06/09/20	BT or RC No:	N/A
		(Administration & City Council B	ills)
SPONSOR:	Mayors Office		
	(Departn	nent/Division/Agency/Council Member)	
Contact for all in	nquiries and presentation	Jordan Elsbury	
Provide Name:		Leeann Krieg	
Conta	ct Number: <u>(</u> 904) 255-5015		
Email	Address: <u>LeeannK@coj.net</u>		
Research will comple		ry? Provide; Who, What, When, Where, How a n and the Administration is responsible for all of	• •

Funds already appropriated. This legislation defines the list of entities which will receive the first \$16,548,162.10 in funding from the previously appropriated \$20 million CARES Act ordinance 2020-0235-E. See that ordinance for more detail.

APPROPRIATION: Total Amount Appropriated

as follows:

List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:

		CARES ACT FUNDS (NON DEPT		
Name of Federal Funding Source	From:	EXPENDITURES)	Amount:	
value of Federal Funding Source(s))	VARIOUS ENTITIES SHOWN ON EXHIBIT A TO		
	To:	ORD	Amount:	
Name of State Funding Course(a)	From:		Amount:	
Name of State Funding Source(s):				
	To:		Amount:	
Name of City of Jacksonville	From:		Amount:	
Funding Source(s):				
	To:		Amount:	
Name of In Kind Contribution(a)	From:		Amount:	
Name of In-Kind Contribution(s):				
	To:		Amount:	
Name & Number of Bond	From:		Amount:	
Account(s):				
	To:		Amount:	

(Name of Fund as it will appear in title of legislation)

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.

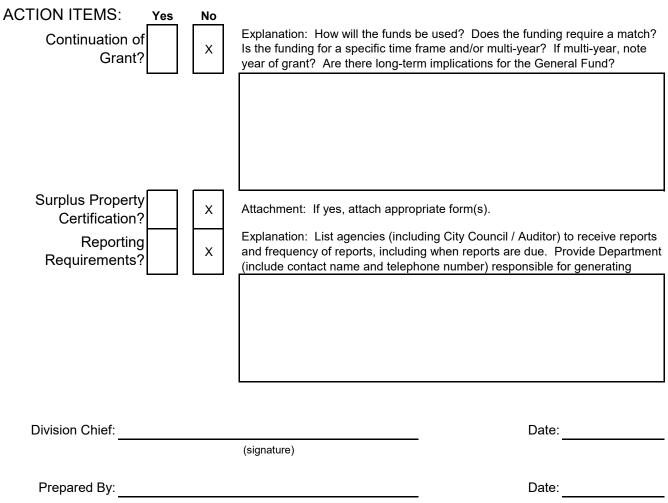
(Minimum of 350 words - Maximum of 1 page.)

Funds already appropriated in 2020-0235-E

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

ACTION ITEMS: Yes Emergency? X	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency. One Cycle Emergency requested to help entities who have been impacted by COVID-19.
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?	x 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 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?	x	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.



(signature)

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Jordan Elsbury, Director of Intergovernmental Affairs			
	(Name, Job	Title, Department)		
	Phone:	904-255-5013	E-mail: <u>je</u>	elsbury@coj.net
From:	Leeann Krie	eg		
	Initiating Department Representative (Name, Job Title, Department)		le, Department)	
	Phone:	(904) 255-5015	E-mail: <u>l</u>	eeannk@coj.net
Primary	Jordan Elst			
Contact:	(Name, Job	Title, Department)		
	Phone:	904-255-5013	E-mail: <u>j</u>	elsbury@coj.net
CC:	Jordan Els	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor		
	Phone:	904-255-5013	E-mail:	jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480	
Phone:	E-mail: psidman@coj.net
Initiating Council Member / Independent	Agency / Constitutional Officer
Phone:	E-mail:
(Name, Job Title, Department)	
Phone:	E-mail:
Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor	
Phone:	E-mail:
on from Independent Agencies re g the legislation. dent Agency Action Item: Yes Boards Action / Resolution?	No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?
	Phone:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED