LEGISLATIVE FACT SHEET

DATE:	05/18/20	-		BT or	RC No:	BT2	20-080
				(Administration	n & City Cour	ncil Bills)	
SPONSOR:	MILITARY A	FFAIRS AND	VETERAN	IS DEPARTI	MENT		
		(Depa	artment/Divis	sion/Agency/Co	ouncil Membe	er)	
Contact for all i	nquiries and pr	esentation		HARRIS	SON CON	YERS	
Provide Name:			HARF	RISON CONYE	RS		
Conta	ct Number: 904	4-255-5522					
Email	Address: HC	ONYERS@C	<u>OJ.NET</u>				
PURPOSE: White Pa							
Research will complet (Minimum of 350			on and the Adn	ninistration is resp	onsible for all c	ther legislation	n.
Requesting author	ity to authorize fun	ds from the Unite					
request is necessan between the United	Way of Northeas	t Florida Funding	Agreement	and the City of			
Veterans Departm	ent. No fiscal imp	act on the City of	Jacksonville				
·							

APPROPRIATION: Total Amount Appropriated **\$5,000.00** as follows: List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Hume of Fund do it will appear in t			
Name of Federal Funding Source(s)	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
······································	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	
Name of Contribution(s):	From: 366020 Contributions From Private Sources	Amount:	\$5,000.00
	To: 549006 Trust Fund Authorized Expenditures	Amount:	\$5,000.00
Name & Number of Bond	From:	Amount:	
Account(s):	То:	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.

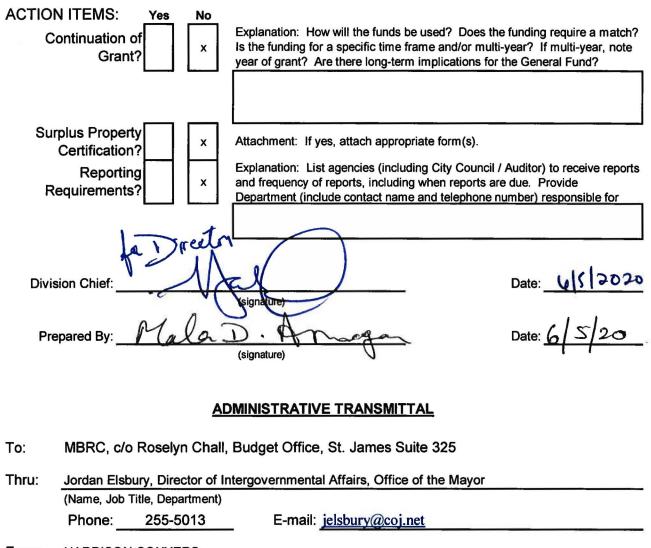
(Minimum of 350 words - Maximum of 1 page.)

Requesting authority to authorize funds from the United Way of Northeast Florida, Inc. into an expense account. This request is necessary in order to utilize these funds to assist area Veterans in accordance with the attached guidelines between the United Way of Northeast Florida Funding Agreement and the City of Jacksonville, Military Affairs and Veterans Department. No fiscal impact on the City of Jacksonville.

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?	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	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.



From: HARRISON CONYERS
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-5522 E-mail: HCONYERS@COJ.NET

Primary HARRISON CONYERS

Contact: (Name, Job Title, Department) Phone: 904-255-5522

E-mail: HCONYERS@COJ.NET

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	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	HARRISON CONYERS						
Contact:	(Name, Job	o Title, Department)					
	Phone:	904-255-5522	E-mail: <u>I</u>	<u>HCONYERS@COJ.NET</u>			
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor						
	Phone:	904-630-1825	E-mail:	jelsbury@coj.net			
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Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

 Independent Agency Action Item:
 Yes
 No

 Boards Action / Resolution?
 Attachment:
 If yes, attach appropriate documentation.
 If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED