

LEGISLATIVE FACT SHEET

DATE: 02/10/20

BT or RC No: BT20-057
(Administration & City Council Bills)

SPONSOR: Military Affairs and Veterans Department
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation _____

Provide Name: Harrison Conyers

Contact Number: 904-255-5522

Email Address: hconyers@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

Requesting authority to authorize the movement of existing funds from the Jacksonville Veterans Memorial Wall Trust Fund's revenue account to its expense account. This request is necessary to increase the expense line item in order to fund future imprinting of names and maintenance of the Jacksonville Veterans Memorial Wall on a yearly basis or as needed.

APPROPRIATION: Total Amount Appropriated \$23,232.62 as follows:
 List the source name and provide Object and Subobject Numbers for each category listed below:

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

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: Jacksonville Veterans Memorial - TRCS01: Earnings Repo Agreements; Investment Pool Earnings	Amount: \$22,249.00
	To: Jacksonville Veterans Memorial - TRCS01: Trust Fund Authorized Expenditures	Amount: \$22,249.00
Name of Contribution(s):	From: Jacksonville Veterans Memorial - TRCS01: Contributions from Private Sources	Amount: \$983.62
	To: Jacksonville Veterans Memorial - TRCS01: Trust Fund Authorized Expenditures	Amount: \$983.62
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	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.)

Requesting authority to authorize the movement of existing funds from the Jacksonville Veterans Memorial Wall Trust Fund's reveune account to its expense account. This request is necessary to increase the expense line item in order to fund future imprinting of names and maintenance to the Jacksonville Veterans Memorial Wall on a yearly basis or as needed. 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	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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.

ACTION ITEMS:

	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

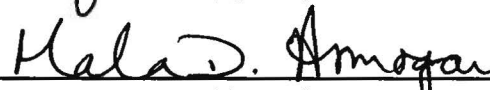
Department Head:
Division Chief:



(signature)

Date: 2/10/2020

Prepared By:



(signature)

Date: 2/10/2020

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Bill Spann, Director, Military Affairs and Veterans Dept.

(Name, Job Title, Department)

Phone: 904-255-5521

E-mail: bspann@coj.net

From: Harrison Conyers, Supervisor, Military Affairs and Veterans Dept.

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-5522

E-mail: hconyers@coj.net

Primary Contact: Harrisnn Conyers, Supervisor, Military Affairs and Veterans Dept

(Name, Job Title, Department)

Phone: 904-255-5522

E-mail: hconyers@coj.net

CC: 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: 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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 904-255-5013

E-mail: jelsbury@coj.net

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