LEGISLATIVE FACT SHEET

DATE: 10/12/20

BT or RC No: BT21-015

(Administration & City Council Bills)

SPONSOR: Office of General Counsel

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations

Provide Name:

Contact Number: 904-255-50555

Email Address: <u>psidman@coj.net</u>

Peggy Sidman

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.)

This legislation appropriates \$250,000 from Contingency Funds within OGC to Ancillary Legal Fees for the reimbursement of attorney fees. This amount satisfies existing invoices and provides for further reimbursements anticipated at this time.

APPROPRIATION: Total Amount Appropriated

\$250,000.00

as follows:

List the source <u>name</u> 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:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From: OGC Contingency	Amount: \$250,000.00
	To: OGC Ancillary Legal Fees	Amount: \$250,000.00
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	То:	Amount:

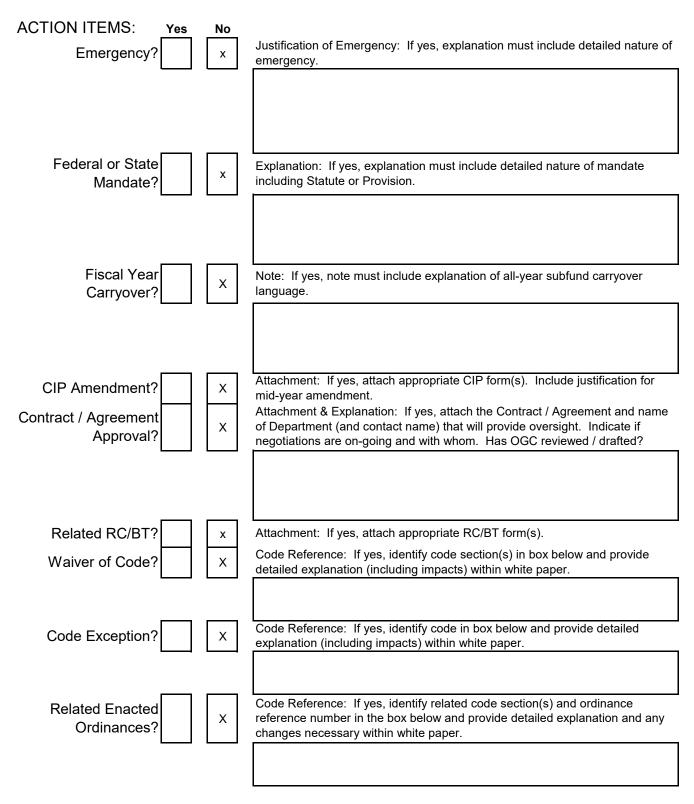
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

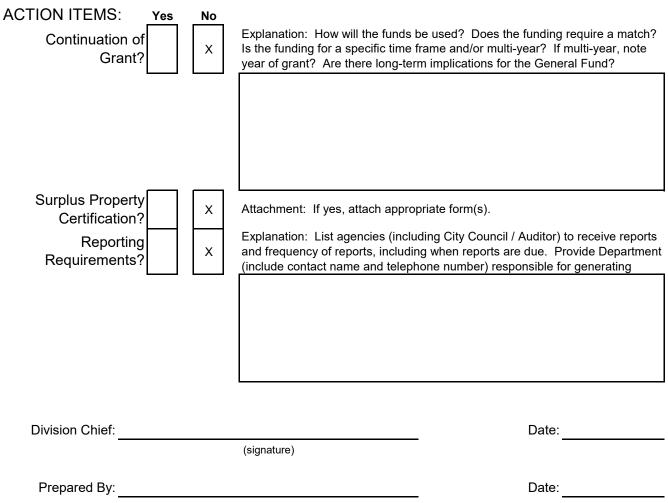
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



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:	Leeann Krieg, Director Intergovernmental Affairs			
	(Name, Job Title, Department)			
	Phone: 904-255-5015 E-mail: leeannl	<u>(a)coj.net</u>		
From:	Peggy Sidman			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: (904) 255-5055 E-mail: <u>psidma</u>	<u>n@coj.net</u>		
Primary	Peggy Sidman, Managing Deputy, Office of General Counsel			
Contact:	ct: (Name, Job Title, Department)			
	Phone: 904-255-5055 E-mail: psidma	<u>n@coj.net</u>		
CC:				
	Phone: E-mail:			
COUN	NCIL MEMBER / INDEPENDENT AGENCY / CON	STITUTIONAL OFFICER TRANSMITTAL		
To:	Peggy Sidman, Office of General Counsel, St. J	amos Suito 180		
10.	Phone: E-mail:			
_				
From:	Initiating Council Member / Independent Agency / Constitutional Officer			
Drimony				
Primary Contact:	y Ct: (Name, Job Title, Department)			
	Phone: E-mail:			
00				
CC:	Jordan Elsbury, Intergovernmental Affairs Liaiso			
	Phone: E-mail:			
-	endent Agency Action Item: Yes No	ent: If yes, attach appropriate documentation. If no,		
E		board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED