LEGISLATIVE FACT SHEET

DATE:	04/08/21	BT	or RC No:	3T21-070
		(Administrati	on & City Council Bills)	
SPONSOR	: Property A	oraiser's Office (Department/Division/Agency/C	Council Member)	
Contact for	all inquiries and p	resentations		
Provide Name: Kathleen Collins				
C	ontact Number: 25	55-5890		
Er	mail Address: <u>ka</u>	thleenc@coj.net		
Research will co		his legislation is necessary? Provide; Who, What, uncil introduced legislation and the Administration in num of 1 page.)		
Appropriate a obligations.	vailable fund balance	within the property appriaser's subfund to pa	y for FY20 aerial picton	netry contract
List the sou		nount Appropriated \$324,334. ovide Object and Subobject Numbers tle of legislation)		
Name of Fede	ral Funding Source(s)	From:	Amount:	
Name of Fede	rai Fullding Source(s)	То:	Amount:	
Name of State	e Funding Source(s):	From:	Amount:	
		То:	Amount:	
Name of City of Ja Funding Source(s		From: Property Appraiser Fund	Amount:	\$324,334.00
	urce(s):	To: Property Appraiser - Administration	Amount:	\$324,334.00
Name of Cont	ntribution(s):	From:	Amount:	
Name of Com		То:	Amount:	
Name & Num	ber of Bond	From:	Amount:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Account(s):		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.)				
ACTION ITEMS: Purpose / Check L code provisions for each.	ist. If "Yes" please provide detail by attaching justification, and			
ACTION ITEMS: Yes No Emergency? 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 X Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.			
CIP Amendment? X Contract / Agreement Approval? 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? 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.			

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

ACTION	I ITEMS:	Yes	No				
Co	ontinuation of Grant?		х	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?			
•	olus Property Certification?		х	Attachment: If yes,	attach appropriate form	n(s).	
Reporting X Requirements?			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				
Diviei	ion Chief:	Va	A	Kathleen Collins		Date:	4/8/2021
DIVIS	On Onici	191		(Signature)	-	Date	7/0/2021
Prepared By: Kathlegen Collins Date: 4/8/202				4/8/2021			
		l		(Signature)			
			<u>AD</u>	MINISTRATIVE	TRANSMITTAL		
То:	MBRC, c/o	Budget (Office,	St. James Suite	325		
Thru:	Leeann Krieg,	Director	of Inter	rgovernmental Affa	airs, Office of the May	yor	
	(Name, Job Title	e, Departi	ment)				
	Phone:	255-50 ⁻	15	E-mail:	leeannk@coj.net		
				_	airs, Office of the May	/or	
	Initiating Depart	tment Rep	presenta	itive (Name, Job Titl	•		
	Phone:	255-50°	15	E-mail:	leeannk@coj.net		
Primary	Leeann Krieg,	Director	of Inter	rgovernmental Affa	airs, Office of the May	yor	
Contact:	(Name, Job Title	e, Departi	ment)				
	Phone:	255-50°	15	E-mail:	leeannk@coj.net		
CC:	Leeann Krie	g, Direct	or of Ir	ntergovernmenta	l Affairs, Office of t	he Mayor	
	Phone:	255-50°	15	E-mail:	leeannk@coj.net		

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Si	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone: _	904-630-4647	E-mail: _	psidman@coj.net			
From:	Council M	ember Ron Salem					
	Initiating Co	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:	904-630-1825	E-mail: _	jelsbury@coj.net			
approvin	g the legis	slation.	s requires a r	resolution from the Independent Agency Board			
•	•	tion / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			
		_					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED