LEGISLATIVE FACT SHEET

DATE:	05/05/21		BT or RC No:	
		(Ac	dministration & City Council Bills)	
SPONS	OR: Tourist Dev	elopment Council		
		•	/Agency/Council Member)	
Contoot	for all inquiries and n		on Croning Evacutive Direc	tor
Provide	for all inquiries and p	esentations Lilii	an Graning, Executive Direc	lOI
riovide	Contact Number: 25	5 5504		
				
	Email Address: Ls	raning@coj.net		
Research w		ncil introduced legislation and the Adm	ho, What, When, Where, How and the inistration is responsible for all other le	
Council th Bureau/De transfer is	at a budget transfer of \$39 estination Services Accoul	8,000 from the TDC Operations A at to the TDC Marketing Account b ng funds that were conserved due	approved a motion to recommend ccount, Convention Sales Account e approved. The purpose of the pr to COVID-19 restrictions in fiscal y	, and Tourist oposed budget
List the	 -	vide Object and Subobject N	\$0.00 as follow	
(Name of	Fund as it will appear in tit	le or registation)	_	
Name of F	ederal Funding Source(s)	From:	Amount:	
		То:	Amount:	
Name of S	State Funding Source(s):	From:	Amount:	
Ivallie of C	state Funding Source(s).	То:	Amount:	
Name of (City of Jacksonville Fundir	From:	Amount:	
ivallie of C		То:	Amount:	
	In-Kind Contribution(s):			
Name of I		From:	Amount:	
		То:	Amount:	
	lumber of Bond	From:	Amount:	
Account(s):	То:	Amount:	

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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 code provisions for each.	k List. 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?	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.			
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.			
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for			
<u> </u>	mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name			
Contract / Agreement Approval?	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	Attachment: If yes, attach appropriate RC/BT form(s).			
Waiver of Code? X	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.			
	explanation (motiding impacts) within white paper.			
Related Enacted	Code Reference: If yes, identify related code section(s) and ordinance			
Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.			
ACTION ITEMS CONTINUED: Population of the provision of th	urpose / Check List. If "Yes" please provide detail by attaching for each.			

ACTION ITEMS: Yes No

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С	ontinuation Grar		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?			i-year, note	
Sur	plus Prope Certification	- 1	х	Attachment: If yes	, attach approp	riate form(s).		
	Reporti	\vdash		Explanation: List a				
R	equirement	-	X	and frequency of re (include contact na				
Division Chief:			(signature)			Date:		
				(digridual)				
Pre	epared By:			(-i			Date:	5/5/2021
				(signature)				
			<u>A</u> [<u> MINISTRATIVE</u>	TRANSMIT	<u>TAL</u>		
To:	MBRC, c/o	o Jasmine J	lorda	n, Budget Office,	St. James S	Suite 325		
Thru:	Leeann Krie	ea Director (of Inte	ergovernmental Aff	airs Office of	the Mayor		
Thru: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)								
	Phone:	255-501	5	E-mail:	leeannk@	coj.net		
From:	Leeann Krie	ea. Director o	of Inte	ergovernmental Aff	airs. Office of	the Mayor		
	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor Initiating Department Representative (Name, Job Title, Department)							
	Phone:	255-501	5	E-mail:	leeannk@	coj.net		
Primary	Leeann Kri	eg, Director o	of Inte	ergovernmental Aff	airs, Office of	the Mayor		
Contact:		Title, Departm		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	Phone:	255-501	5	E-mail:	leeannk@	coj.net		
CC:	Leeann Kr	rieg, Directo	or of	Intergovernmenta	al Affairs, Of	fice of the Ma	ayor	
	Phone:	255-501	5	E-mail:	leeannk@	coj.net		
COUN	CIL MEMB	ER / INDE	PENI	DENT AGENCY /	CONSTITU	TIONAL OFF	ICER TRAN	SMITTAL
To:	Peggy Sid	lman Office	of C	Seneral Counsel,	St James S	Suita 180		
10.		904-630-4			psidman@c			
From:	_			_	· <u> </u>	<u>-</u>		
i TOIII.		velopment Co uncil Member		pendent Agency / Co	onstitutional Off	ficer		
	_	904-255-5		E-mail: lo				

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Primary Lillian Graning, Executive Director				
Contact	Contact: (Name, Job Title, Department)			
	Phone:	904-255-5504	E-mail:	lgraning@coj.net
CC:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor			
	Phone: _	904-255-5015	E-mail:	leeannk@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? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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