LEGISLATIVE FACT SHEET

DATE:			BT or R	C No:	N/A
			(Administration &	City Council Bills)	
SPONSOR:	Tax Collector				
		(Department/I	Division/Agency/Cound	cil Member)	
Contact for all ir	nquiries and prese	entations			
Provide Name:			Helen Roberson		
Contac	ct Number:	(904) 25	5-7762		
Email .	Address:	hroberson	@coj.net		
(Minimum of 350) Pursuant to section Property Appraiser Property Appraiser to reflect any change On or around Octobe and on classificatio 2021, and into the f may extend the mill Pursuant to section completion of the health	words - Maximum 193.122, Florida Sta after all administrative then makes all requir ges in value made by over of 2021, the VAB on and exemption deni- following year. Section lage against the rolls 197.323, at the Tax of earings. sent a letter to the Co- inance as Exhibit 1. Co-	attroduced legislation and of 1 page.) Itutes, the Value Adjust the hearings have been the dearth of the VAB as a result of the VAB as a	ment Board ("VAB") concell as provided in seconds to show the taxes the administrative hearings ar. Those hearings wates, provides a procesto the Tax Collector, by Council may order the property Appraiser to	ertifies the assess ction 194.032, Flo attributable to all trings. on property assevill continue beyon ass by which the Proefore VAB hearing the rolls be extended as extended the millage of the property as the rolls of the property as the rolls be extended the millage of the property as the rolls of the property as the rolls of the millage of the millage of the millage of the rolls	sment rolls to the rida Statutes. The taxable property and ssment challenges of November 1, Property Appraiser ags are completed. Sended prior to

APPROPRIATION: Total Ar	mount Appropriated N/A	as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each o	category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
Traine of state Fanding Source(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
realite of in-reind Contribution(3).	То:	Amount:
Name & Number of Bond	From:	Amount:
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.)	
N/A-No appropriation/no financial impact	
ACTION ITEMS: Purpose / Check Li code provisions for each.	st. If "Yes" please provide detail by attaching justification, and
	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
	Explanation: If yes, explanation must include detailed nature of mandate ncluding Statute or Provision.

Fiscal Year 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	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.
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.
ACTION ITEMS CONTINUED: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No Continuation of Grant? X	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?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	Х	and frequency of reports, including	ding City Council / Auditor) to receive reporting when reports are due. Provide Departmentone number) responsible for generating	
Division Chief:			Data	
DIVISION CHIEN.		(signature)	Date:	
Prepared By:			Date:	
		(signature)		

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	
	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact:	(Name, Job Title, Department)
	Phone: E-mail:
CC:	LeAnn Krieg, Director of Intergovernmental Affairs, Office of the Mayor
	904-255-5015 E-mail: <u>leeannk@coj.net</u>
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
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To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
	Phone: (904) 255-5055 E-mail: <u>psidman@coj.net</u>
From:	Helen Roberson, Office of General Counsel, St. James Suite 480
	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: (904) 255-7762 E-mail: <u>hroberson@coj.net</u>
Primary	Helen Roberson, Office of General Counsel
Contact:	(Name, Job Title, Department)
	Phone: 255-7762 E-mail: <u>hroberson@coj.net</u>
CC:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
	904-255-5015 E-mail: <u>leeannk@coj.net</u>
Logialati	on from Indopendent Agencies requires a resolution from the Indopendent Agency Reard
•	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.
	dent Agency Action Item: Yes No
•	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?
	when is board action scheduled?