LEGISLATIVE FACT SHEET

DATE:	09/16/20	BT or RC No:
		(Administration & City Council Bills)
SPONS	OR: Council Presider	t at the request of the Supervisor of Elections
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presen	tations
Provide	Name:	Robert Phillips
	Contact Number:	904-630-8018
	Email Address:	Phillips@coj.net
Research w (Minimur	vill complete this form for Council intr m of 350 words - Maximum o	
This legisla	ation is to provide for polling loca	tion changes in advacnce of the November 3, 2020 General Election

APPROPRIATION: Total A		as follows:
List the source name and pro	ovide Object and Subobject Numbers for each o	category listed below:
(Name of Fund as it will appear in ti	tle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
(-)	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
Traine of State Funding Sourse(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
ivanie of in-kind contribution(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	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. (Minimum of 350 words - Maximum of 1 page.) ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** Timeline of General election to allow for mailing of materials Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate? Florida statute 101.71 requires county commission approval of location changes

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.					
	Attachment: If yes, attach appropriate CIP form(s). Include justification for					
CIP Amendment? x	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.					
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: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.						
ACTION ITEMS: Yes No						
Continuation of Grant?	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 x Requirements?	Explanation: List agencies (include and frequency of reports, includin (include contact name and teleph	g when reports are due. Pro	vide Department
Division Chief: Mike Hogan	Date:		
	(signature)		
Prepared By: Robert Phillips		Date:	
	(signature)	_	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	ru:			
	(Name, Job Title, Department)			
	Phone:	E-mail:		
From:				
	Initiating Department Representative (Na	ame, Job Title, Department)		
	Phone:	E-mail:		
Primary	Robert Phillips			
Contact:	(Name, Job Title, Department)			
	Phone: 630-8018	E-mail: Phillips@coj.net		
CC:	Jordan Elsbury, Director of Interg	overnmental Affairs, Office of the Mayor		
	904-255-5013 E-mail: <u>JElsbury</u>	y@coj.net		
COUN	CIL MEMBER / INDEPENDENT A	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
To:	Peggy Sidman, Office of General	Counsel St. James Suite 480		
10.	Phone: 904-255-5055			
From:				
	Initiating Council Member / Independent	Agency / Constitutional Officer		
	Phone:	E-mail:		
Primary				
•	(Name, Job Title, Department)			
		E-mail:		
CC:		overnmental Affairs, Office of the Mayor		
	904-255-5013 E-mail: <u>JElsbury</u>	•		
1:-1-4:	f lo-dd 			
•	on from Independent Agencies rec g the legislation.	quires a resolution from the Independent Agency Board		
	dent Agency Action Item: Yes	No		
•	Boards Action / Resolution?	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		
		When is board action scheduled:		