LEGISLATIVE FACT SHEET

DATE:	05/29/24	1	BT or RC No:		
			(Administration & City Co	uncil Bills)	
SPONSOR	₹:		Finance		
			(Department/Division/Agency/Council M	ember)	
Contact for	all inquiries and pre	sentation	s: Anna Bro	sche	
Provide Na	ıme:		Anna Brosche		
	Contact Number: 90	04-255-5	354		
	Email Address: b	roschea@	coj.net		
will complete th		d legislation	necessary? Provide; Who, What, When, Where, Ho and the Administration is responsible for all other legge.)) Council Research
for inclusion i	n the FY25-29 Capital Im	punt Appro	opriated: \$8,026,971.05	as follows:	
List the sou	urce <u>name</u> and provi	de Objec	t and Subobject Numbers for each ca	tegory listed b	pelow:
(Name of Fur	nd as it will appear in title	of legislation	on)		
Name of Fed	deral Funding Source(s):	From: Al	RPA SLFRF (US Treasury)	Amount:	\$8,026,971.05
		To: Al	RPA SLFRF Citywide Special Recreation Facilities	Amount:	\$8,026,971.05
Name of Stat	A. Faradia a Carras (a)	From:		Amount:	
INAME OF Stat	e Funding Source(s):	То:		Amount:	
Name of City	ty of Jacksonville Funding	From:		Amount:	
Source(s):		To:		Amount:	
	n-Kind Contribution(s):				
Name of In-K		From:		Amount:	
		То:		Amount:	
Name & Num	ber of Bond Account(s):	From:		Amount:	
		To:		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.)

To reappropriate American Rescue Plan Coronavirus State and Local Fiscal Recovery Funds to address one-time capital needs of our city venues managed by ASM. These needs include critical deferred maintenance needs far exceeding the amount identified for inclusion in the FY25-29 Capital Improvement Plan.

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

ACTION ITEMS:	Yes	No	
Emergency?		х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	1 1	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
		_	
Fiscal Year Carryover?	х		Note: If yes, note must include explanation of all-year subfund carryover language.
•			Funds must be appropriated by 12/31/24 and expended by 12/31/26.
CIP Amendment?	х		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement Approval?		х	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?		х	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?		х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?		х	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 ITEMS:	Yes	No	
Continuation 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?
Surplus Property Certification?		х	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	х		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 reports.
			US Treasury requires quarterly and annual reports.
		В	USINESS IMPACT ESTIMATE
Pursuant to Section 166. ordinances that are NOT	. ,	F.S., t	he City is required to prepare a Business Impact Estimate for
		•	vided below. Please check all exemption boxes that apply to this e, a Business Impact Estimate IS NOT required.
The propose	d ordin	ance is	required for compliance with Federal or State law or regulation;
The proposed ordinance relates to the issuance or refinancing of debt;			
			elates to the adoption of budgets or budget amendments, including y to fund the budget;
	y Fede	ral, Sta	required to implement a contract or an agreement, including, but not te, local, or private grant or other financial assistance accepted by
The proposed ordinance is an emergency ordinance;			
The ordinand	e relat	es to pi	rocurement;
The propose	d ordin	ance is	enacted to implement <u>any</u> of the following:
	ment re	egulatio	orida Statutes, relating to growth policy, county and municipal planning, and n, including zoning, development orders, development agreements and
			0.046, Florida Statutes, regarding community development districts;
			Statutes, relating to the Florida Building Code; Statutes, relating to the Florida Fire Prevention Code.

If none of the boxes above are checked, then a Business Impact Estimate <u>IS REQUIRED</u> to be prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at:

https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee

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Division Chief:	Ollo Sauts	Date:	5/29/2024
Prepared By:	(signature) Offor Sauto	Date:	5/29/2024
	(signature)		

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o the Budget Office, St. James Suite 325					
Thru:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor					
	(Name, Job	Title, Department)				
	Phone:	255-5000	E-mail:	BNorris@coj.net		
From:	Anna Brosche, Director of Finance/CFO, Finance Department					
	Initiating Department Representative (Name, Job Title, Department)					
	Phone:	255-5354	E-mail:	BroscheA@coj.net		
Primary Anna Brosche, Director of Finance/CFO, Finance Department		nce Department				
Contact	(Name, Job Title, Department)					
	Phone:	255-5354	E-mail:	BroschedA@coj.net		
CC:	Marcia Saulo, Comptroller, General Accounting, Finance Department					
	Phone:	255-5261	E-mail:	Msaulo@coj.net		

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COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staffopoulos, Office of General Counsel, St. James Suite 480							
	Phone: 904-255-5062	E-mail: mstaff@coj.net						
From:								
	Initiating Council Member / Ind	ependent Agency / Constitutional Officer						
	Phone:	E-mail:						
Primary	·							
Contact	(Name, Job Title, Department)							
	Phone:	E-mail:						
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor							
	Phone: 255-5000	E-mail: <u>BNorris@coj.net</u>						
Legislatior the legisla		es requires a resolution from the Independent Agency Board approving						
•	ent Agency Action Item: Boards Action / Resolution	Yes No 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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