LEGISLATIVE FACT SHEET

DATE: 11/13/29	5	BT or RC N	No:	BT26-023
		(Administration & City	y Council Bills)	-
SPONSOR:		Mayor's Office		
		(Department/Division/Agency/Counc	cil Member)	
Contact for all inquiries and pre	sentations:	Mike Weinstein, Ahm	ed Parvez, C	Chief Golden
Provide Name:		Mike Weinstein, Ahmed Parvez, Ch	nief Golden	
Contact Number:				
Email Address:				
	ed legislation and	cessary? Provide; Who, What, When, Whe d the Administration is responsible for all of		Impact.) Council Research
	or litter campaig	n the JIA CRA to provide funding of \$85 n, \$200,000 to United Way for the State contingency.		
APPROPRIATION: Total Amounts the source <u>name</u> and provious (Name of Fund as it will appear in title	ide Object an	iated: \$2,480,034.00 nd Subobject Numbers for each	as follow category list	
Name of Federal Funding Source(s):	From:		Amount:	
Marine of Federal Fullding Cource(s).	To:		Amount:	<u>.</u>
Name of State Funding Course(s)	From:		Amount:	
Name of State Funding Source(s):	To:		Amount:	
Name of City of Jacksonville Funding Source(s):	From: JIA CI	RA Trust Fund	Amount:	\$2,480,034.00
	To: Gener	ral Fund Operating fund	Amount:	\$2,480,034.00
Name of In-Kind Contribution(s):	From:		Amount:	
	To:		Amount:	
Name & Number of Bond Account(s)	From:		Amount:	
	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.)

Appropriate available all-years interest revenue within the JIA CRA to provide funding of \$850,000 to JFRD for thermal imaging cameras and bail out kits, \$400,000 for litter campaign, \$200,000 to United Way for the State of Jax Initiative, with the remaining balance going to the City Council budget stabilization contingency.

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

	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
	_,	
Fiscal Year Carryover?	X	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 mid-year amendment.
Contract / Agreement Approval?	×	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?	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: Continuation of Grant?	Yes No	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?	1 1 X I	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.
	<u>B</u>	BUSINESS IMPACT ESTIMATE
Pursuant to Section 166 ordinances that are NOT		the City is required to prepare a Business Impact Estimate for this requirement.
		vided below. Please check all exemption boxes that apply to this le, a Business Impact Estimate IS NOT required.
The propose	ed ordinance is	s required for compliance with Federal or State law or regulation;
The propose	ed ordinance r	relates to the issuance or refinancing of debt;
		relates to the adoption of budgets or budget amendments, including ry to fund the budget;
	ny Federal, Sta	s required to implement a contract or an agreement, including, but not ate, local, or private grant or other financial assistance accepted by the
The propose	ed ordinance is	s an emergency ordinance;
The ordinan	ce relates to p	procurement;
		s enacted to implement <u>any</u> of the following:
a. Part II of land develo developme	opment regulation	Florida Statutes, relating to growth policy, county and municipal planning, and on, including zoning, development orders, development agreements and
c. Section !	553.73, Florida	90.046, Florida Statutes, regarding community development districts; Statutes, relating to the Florida Building Code; a 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		Date: //-/3-2)
Division Chief;	(signature)	Date
Prepared By:	(signature)	Date: 11-13-25

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:	Brittany No	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor			
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: _	255-5000	E-mail:	BNorris@coj.net	
Primary	brittary roms, bricotor or interger crimicitary mane, crimes or the interpretation		ffairs, Office of the Mayor		
Contact	(Name, Job	Title, Department)			
	Phone: _	255-5000	E-mail:	BNorris@coj.net	
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	Phone:	255-5000	E-mail:	BNorris@coj.net	

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COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staffopoulos, Office	Mary Staffopoulos, Office of General Counsel, St. James Suite 480				
	Phone: 904-255-5062	E-mail: mstaff@coj.net				
From:						
	Initiating Council Member / Inc	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: BNorris@coj.net				
Legislatior the legisla	, ,	es requires a resolution from the Independent Agency Board approving				
Independe	ent Agency Action Item:	Yes No				
	Boards Action / Resolution	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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