LEGISLATIVE FACT SHEET

DATE:	12/19/23		E	BT or RC No:		24-022
-			— (Adminis	stration & City Co	ouncil Bills)	
SPONSOR:	Suponicor	of Floatic	200			
SFONSON.	Supervisor	OI LIECTIO	(Department/Division/A	gency/Council M	flember)	
A	walking the through the second of the second of					''''
	nquiries and pre	sentation:	s: Justin Gicalone (904)) 255-3412 or	Robert Pr	nillips (904) 255-3436
Provide Name:	D G					
	ntact Number:	delita in		·		
Em	ail Address:	<u> </u>	4			
complete this form for		dislation and	necessary? Provide; Who, What the Administration is responsible ge.)			pact) Council Research will
			n Assistance Commision through			
List the source_	ON: Total Amo name and providit will appear in title	de Object	and Subobject Number	interference of	as follow tegory liste	
		From: Ele	ections Assistance Commission		Amount:	\$229,962.47
Name of Federal Funding Source(s):		To:		*	Amount:	
		[Amount.	
Name of State Fun	iding Source(s):	From:			Amount:	
		To:			Amount:	
Name of City of to	okooniilo Euodina S	From:			Amount:	# # P
Name of City of Jac	cksonville Funding s	To: SC	DE - Grant Funds		Amount:	\$229,962.47
N	and the sales of the Sales	From			Amount:	
Name of In-Kind Co	ontribution(s):	To:		-	Amount:	
Name & Niverbarra	75 14	From	55 - 301		Amount:	
Name & Number of	i bolid 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.)

Funds from the U.S. Election Assistance Commision through the State of Florida, Department of State, Division of Elections, as an reimbusement. No local match required. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** Yes No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? X Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate? Fiscal Year Carryover? Note: If yes, note must include explanation of all-year subfund carryover language. funds appropriated shall not lapse but shall carryover into fiscal year 2024-2025 Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year **CIP Amendment?** Attachment & Explanation: If yes, attach the Contract / Agreement and name of Contract / Agreement Department (and contact name) that will provide oversight. Indicate if negotiations Approval? are on-going and with whom. Has OGC reviewed / drafted? Related RC/BT? Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed Waiver of Code? explanation (including impacts) within white paper. Code Reference: If yes, identify code in box below and provide detailed explanation Code Exception? (including impacts) within white paper. Code Reference: If yes, identify related code section(s) and ordinance reference Related Enacted number in the box below and provide detailed explanation and any changes Ordinances? necessary within white paper.

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

and code provisions for each.					
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? No local match is required. Reimbursement.				
Surplus Property Certification? Reporting Requirements?	Attachment: If yes, attach appropriate form(s). 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.				
BUSINESS IMPACT ESTIMATE					
for ordinances that are NOT exempt for	the City is required to prepare a Business Impact Estimate rom this requirement. A list of ordinance exemptions are apply to this ordinance. If an exemption hate IS NOT required.				
State law or regulation; The proposed ordinance in	s required for compliance with Federal or relates to the issuance or refinancing of debt; relates to the adoption of budgets or budget				

government;

The proposed ordinance is an emergency ordinance;

The ordinance relates to procurement; or

The proposed ordinance is enacted to implement the following:

- a. Part II of Chapter 163, Florida Statutes, relating to growth policy, county and municipal planning, and land development regulation, including zoning, development orders, development agreements and development permits;
- Sections 190.005 and 190.046, Florida Statutes, regarding community development districts;

amendments, including revenue sources necessary to fund the budget; The proposed ordinance is required to implement a contract or an agreement, including, but not limited to, any Federal, State, local, or private grant or other financial assistance accepted by the municipal

- c. Section 553.73, Florida Statutes, relating to the Florida Building Code; or
- d. Section 633.202, Florida 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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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 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	Brittany No	rris, Director of Inte	rgovernmental A	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		

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 Cou	uncil Member / Independe	ent 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		
the legislat Independe	ion. nt Agency A			esolution from the Independent Agency Board approving 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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