

LEGISLATIVE FACT SHEET

DATE: 03/29/23

BT or RC No: BT-23-080
(Administration & City Council Bills)

SPONSOR: Neighborhoods Department/ Mosquito Control Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: _____

Provide Name: Randy Wishard, Chief, Mosquito Control Division

Contact Number: 904- 255-6594

Email Address: RWishard@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide: Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

The City of Jacksonville, Mosquito Control Division is governed by the Florida Department of Agriculture and Consumer Services (FDACS) under auspices of Chapter 388, Florida Statutes (FS) and Rule 5E-13, Florida Administrative Code (FAC). As an approved program, MCD receives, and separately accounts for, state matching funds (grant funds) in Subfund 00112. Additional funds accrue from the sale of surplus MCD property, interest earnings and other government revenue or reimbursements, such as FEMA reimbursements.

MCD developed the allocation schedule presented in the Budget Transfer Line item Detail. The allocation of funds as proposed herein will be certified by the FDACS as a budget amendment to Subfund 00112 for the current Fiscal Year 2023.

A Budget Ordinance (BT) such as this is an annually recurring exercise to fulfill the requirement of FS Section 388.311, to re-budget prior year unexpended state funds.

APPROPRIATION: Total Amount Appropriated \$99,597.20 as follows:
List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of State Funding Source(s):	From: Mosquito Control Fund Balance - SF 012	Amount: \$99,597.20
	To: Mosquito Control State I Funds	Amount: \$99,597.20

Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	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.)

These funds are coming from 00112 fund balance, the MCD state subfund, and will supplement operational line items in the FY23 General Fund budget. Funds will be used to purchase , N1 Tachometer (MD500E), laptops for field technicians, docking stations, and biological control products, as well as replace security fence at the west property line of the MCD Facility. No match is required.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language.
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

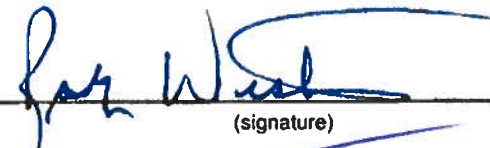
Related Enacted Ordinances?

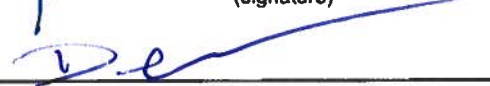
Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

2022-209

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate form(s).</p>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Division Chief: 
 (signature)

Prepared By: 
 (signature)

Date: 3/28/2023

Date: 3/29/23

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Randy Wishard, Chief, Mosquito Control Division, Neighborhoods Department
 (Name, Job Title, Department)
 Phone: 255-6594 E-mail: RWishard@coj.net

From: Randy Wishard, Chief, Mosquito Control Division, Neighborhoods Department
 Initiating Department Representative (Name, Job Title, Department)
 Phone: 255-6594 E-mail: RWishard@coj.net

Primary Contact: Chiquita Moore, Director, Neighborhoods Department
 (Name, Job Title, Department)
 Phone: 255-8902 E-mail: chiquitam@coj.net

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor
 Phone: 255-5006 E-mail: rachelz@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 Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor
Phone: 904-255-5006 E-mail: RachelZ@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent 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