

LEGISLATIVE FACT SHEET

DATE: 03/07/23

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Mayor's Office
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Dr. Charles E. Moreland

Provide Name: Dr. Charles E. Moreland

Contact Number: 904-255-5005

Email Address: cmoreland@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.)

AN ORDINANCE CONFIRMING THE CITY COUNCIL'S CONCURRENCE WITH THE PROPOSED APPOINTMENT OF ANTONIO NICHOLS AS MEDICAL DIRECTOR OF THE DEPARTMENT OF HEALTH DUVAL COUNTY PUBLIC HEALTH UNIT BY THE STATE SURGEON GENERAL PURSUANT TO SECTION 154.04, *FLORIDA STATUTES*, AND CONFIRMING THE JOINT APPOINTMENT OF ANTONIO NICHOLS AS MEDICAL DIRECTOR OF THE DEPARTMENT OF HEALTH DUVAL COUNTY PUBLIC HEALTH UNIT BY THE DISTRICT ADMINISTRATOR FOR THE DEPARTMENT OF HEALTH AND THE MAYOR PURSUANT TO SECTION 29.102, *ORDINANCE CODE*; WAIVING THE REQUIREMENTS OF SECTION 29.102 (DIRECTOR), CHAPTER 29 (PUBLIC HEALTH UNIT), *ORDINANCE CODE*, THAT THE MEDICAL DIRECTOR BE AN M.D. OR A D.O. LICENSED UNDER CHAPTER 458 OR CHAPTER 459, *FLORIDA STATUTES*, AND HAVE A MASTER'S DEGREE IN PUBLIC HEALTH.

APPROPRIATION: Total Amount Appropriated N/A 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: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	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.)

N/A

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.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Waive section 29.102 requiring M.D. or a D.O. licensed under F.S. Ch. 458 or F.S. Ch. 459 and the educational requirement of a Masters Degree in Public Health. (MPH)

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.

Division Chief: _____
 _____ (signature)
 Prepared By: chd _____
 _____ (signature)

Date: _____
 Date: 3/7/2023

ADMINISTRATIVE TRANSMITTAL

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

Thru: Brian Hughes, CAO, Mayor's Office

(Name, Job Title, Department)

Phone: 255-5012

E-mail: HughesB@coj.net

From: Dr. Charles E. Moreland, Deputy CAO, Mayor's Office

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5005

E-mail: cmoreland@coj.net

Primary Contact: Mary Staffopoulos, Office of General Counsel

(Name, Job Title, Department)

Phone: 255-5062

E-mail: mstaff@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, 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, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 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