## **LEGISLATIVE FACT SHEET**

| DATE:       | 02/07/2   | 5 BT or RC No.   | BTa  | 25-053                                   |    |
|-------------|---|--|--|--|----|
|             |   | (Administration & City Council Bills)  |  |  |    |
| SPONSO      | OR:   | Neighborhoods Department/Environmental C   | Quality Divis  | sion                                     |    |
|             |   | (Department/Division/Agency/Council Men  | A STATE OF THE PARTY OF THE PAR |  | ı  |
| Contact     | for all inquiries and p   | presentations  |  |  |    |
| Provide I   | Name:   | Melissa M. Long, P.E.  |  |  |    |
|             | Contact Number:   | (904) 255-7101   | _  |  |    |
|             | Email Address:  | MelissaL@coj.net   |  |  |    |
| Hesearch wi | White Paper (Explain Why t<br>Il complete this form for Cou<br>n of 350 words - Maxil | his legislation is necessary? Provide; Who, What, When, Where, uncil introduced legislation and the Administration is responsible for ${f mum\ of\ 1\ page.})$   | How and the Ir<br>or all other legis   | npact.) Council<br>slation.              |    |
| Elementary  | equested by the Environi  School. Representative                                      | (EQD) is appropriating anticipated funding which was not mental Protection Agency (EPA) to replace the air monitor as from EPA recently determined that EQD is no longer measured to cost of the new shelter, as well as the survey, design, per | ing shelter at<br>eeting the siti  | Sheffield<br>ng criteria at this         |    |
|             |   | mount Appropriated: \$173,533.86  pvide Object and Subobject Numbers for each of   | as follow  |  |    |
| (Name of F  | und as it will appear in ti   | tle of legislation)  |  |  |    |
| Nama of Ea  |   | From:  | Amount:  |  |    |
| Name of Fe  | deral Funding Source(s)   | То:  | Amount:  |  |    |
| Name of Sta | ate Funding Source(s):  | From: Florida Department of Environmental Protection   | Amount:  | 9 178,494.0<br>\$173,533.86              | 0  |
|             |   | To: Air Pollution Tag Fee  | Amount:  | \$ 178,694.6<br>\$1 <del>73,533.86</del> | De |
| Name of Cit | y of Jacksonville Fundin  | From:  | Amount:  |  |    |
|             |   | То:  | Amount:  |  |    |
| Name of In- | Kind Contribution(s):   | From:  | Amount:  |  |    |
|             | 3333,(5)  | То:  | Amount:  |  |    |
|             | mber of Bond  | From:  | Amount:  |  |    |
| Account(s): |   | 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.)

This funding will be appropriated from additional Tag Fee Revenue, which does not require a General Fund match. There will be no changes in staffing or any additional ongoing maintenance.

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  | emergency.  |
| Fodovol ov Chata                  |  |   |
| Federal or State<br>Mandate?      | Х  | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.  |
|                                   |  |   |
| Fiscal Year<br>Carryover?         | Х  | Note: If yes, note must include explanation of all-year subfund carryover language.   |
|                                   |  |   |
| CIP Amendment?                    | х  | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-<br>year amendment.   |
| Contract / Agreement<br>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? 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.  |
|                                   | The state of the s |   |
| 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.                                   |
|                                   |  |   |

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 street of the funding for a specific time frame and/or multi-year of grant? Are there long-term implications for  | i-year? If multi-year, note                                  |
|   |                                       |   |  |
| Surplus Property<br>Certification?                              | x                                     | Attachment: If yes, attach appropriate form(s).   |  |
| Reporting<br>Requirements?                                      | x                                     | Explanation: List agencies (including City Council and frequency of reports, including when reports a (include contact name and telephone number) resports.   | re due. Provide Department                                   |
|   |                                       |   |  |
|   |                                       |   |  |
|   | E                                     | BUSINESS IMPACT ESTIMATE  |  |
| Pursuant to Section 166.041(4<br>A list of ordinance exemptions | ), F.S., the<br>are provid            | e City is required to prepare a Business Impact<br>ded below. Please check all exemption boxes th   | Estimate for ordinances that nat apply to this ordinance. If |
| The propo   | sed ordina                            | ance is required for compliance with Federal or   | State law or regulation;                                     |
| The propo   | sed ordina                            | ance relates to the issuance or refinancing of de   | əbt;   |
|   |                                       | ance relates to the adoption of budgets or budg<br>cessary to fund the budget;  | et amendments, including                                     |
| X The propo   | sed ordina<br>any Fede                | ance is required to implement a contract or an a<br>ral, State, local, or private grant or other financi  | agreement, including, but not<br>al assistance accepted by   |
| The propo   | sed ordina                            | ance is an emergency ordinance;   |  |
| The ordina  | ince relate                           | es to procurement;  |  |
| a. Part I<br>b. Sectio<br>c. Sectio                             | of Chapte<br>ons 190.00<br>on 553.73, | ance is enacted to implement <u>any</u> of the following 163, Florida Statutes, relating to growth police and 190.046, Florida Statutes, regarding conflorida Statutes, relating to the Florida Building Plorida Statutes, relating to the Florida Fire P | y, county and municipal<br>nmunity development<br>g Code;    |
|   |                                       | then a Business Impact Estimate IS REQUIRE  |  |
| https://www.co  | j.net/dep                             | artments/finance/budget/mayor-s-budget-re   | eview-committee  |
| Division Chief:   | relis                                 | (signature)   | Date: 2 2 25   |
| Prepared by:  | andi                                  | Ussdy   | Date: <u>2 //2 /25</u>                                       |

## **ADMINISTRATIVE TRANSMITTAL**

| To:                                   | MBRC, c/o the Budget Offi   | ce, St. James Suite  | 325   |
|---------------------------------------|---|--|---|
| Thru:                                 | Brittany Norris, Director of I  | ntergovernmental A   | fairs, Office of the Mayor  |
|                                       | (Name, Job Title, Departme  |  | <u>*</u>  |
|                                       | Phone: 255-5000   | E-mail:  | Bnorris@coj.net   |
| From:                                 | Brittany Norris, Director of I  | ntergovernmental Af  | fairs, Office of the Mayor  |
|                                       | Initiating Department Repre   | esentative (Name, Jo   | b Title, Department)  |
|                                       | Phone: 255-5000   | E-mail:  | Bnorris@coj.net   |
| Primary<br>Contact:                   | Brittany Norris, Director of I  |  | fairs, Office of the Mayor  |
|                                       |   | E-mail:  | Bnorris@coj.net   |
| CC:                                   | Brittany Norris, Director of I  | ntergovernmental Af  | fairs, Office of the Mayor  |
|                                       | Phone: 255-5000   | E-mail:  | Bnorris@coj.net   |
| То:                                   | Mary Staffopoulos, Office of Phone: 904-255-5062  |  | St. James Suite 480<br>staff@coj.net  |
| From:                                 |   |  |   |
| 1 10111.                              |   |  |   |
|                                       | Initiating Council Member /   | Independent Agency   | / Constitutional Officer  |
|                                       | Initiating Council Member / Phone:  |  |   |
| Primary<br>Contact:                   | Phone:Melissa M. Long, P.E., Chie   | E-mail:<br>f, Environmental Qu   |   |
|                                       | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme  | E-mail:<br>f, Environmental Qu<br>nt)  | ality Division  |
|                                       | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme Phone:  255-7100   | E-mail:<br>f, Environmental Qu<br>nt)<br>E-mail:   | ality Division  MelissaL@coj.net  |
| Contact:                              | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme  | E-mail:  f, Environmental Qu nt) E-mail: ntergovernmental Af                                   | ality Division  MelissaL@coj.net  |
| Contact:  CC:  Legislatio legislatior | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme Phone: 255-7100  Brittany Norris, Director of Ir Phone: 255-5000  In from Independent Agencies | E-mail:  | ality Division  MelissaL@coj.net  fairs, Office of the Mayor  |
| Contact:  CC:  Legislatio legislatior | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme Phone: 255-7100  Brittany Norris, Director of Ir Phone: 255-5000                               | E-mail:  f, Environmental Qu nt)  E-mail: ntergovernmental Af  E-mail: s requires a resolution | MelissaL@coj.net  fairs, Office of the Mayor  Bnorris@coj.net  on from the Independent Agency Board approving the |
| Contact:  CC:  Legislatio legislatior | Phone:  Melissa M. Long, P.E., Chie (Name, Job Title, Departme Phone: 255-7100  Brittany Norris, Director of Ir Phone: 255-5000  In from Independent Agencies | E-mail:  | Ality Division  MelissaL@coj.net  fairs, Office of the Mayor  Bnorris@coj.net                                     |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED