

# LEGISLATIVE FACT SHEET

DATE: 07/21/23

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

SPONSOR: Parks, Recreation and Community Services Department  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Daryl Joseph, Director, PRCS Department

Provide Name: Daryl Joseph

Contact Number: 255-7903

Email Address: [Djoseph@coj.net](mailto:Djoseph@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.)

Parks, Recreation and Community Services Department request to enter into a five year, with one five-year renewal option, operating service agreement for on-demand river taxi services with St Johns River Taxi, llc. St Johns River Taxi, LLC current contract with the City expires September 30, 2023, which was authorized under Ord 2015-397. The agreement provides river taxi services during the week, sunset cruises, eco-tours, historical tours, private tours or charters and other events, which included three (3) marine vessels.

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 Fundir	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.)

The funding for this Operating Services agreement is appropriated under the annual budget ordinance 2023-504, funded under the general fund 00111.165101.534100.000000.00001011.00000.0000000 The cost for the annual operations for FY24 will be \$120,000 as listed in the operating services agreement. The funding is dependent on the approval of the annual budget ordinance line. The Docakage revenue of \$600/mo, \$7,200/annual is deposited into 11304.161101.347540.000000.00000697.00000.000000

**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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment &amp; 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?</p> <div style="border: 1px solid black; padding: 5px;"> <p>The agreement has been reviewed/drafted by OGC and attached. Parks, Recreation and Community Services Department will provide oversight. POC: Daryl Joseph, Director.</p> </div>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Ordinance 2015-397 authorized the original agreement, which expires September 30, 2023.</p> </div>

**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"/>
Reporting Requirements?	<input type="checkbox"/>	<input type="checkbox"/>

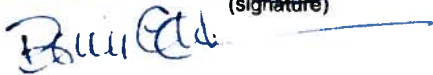
Attachment: If yes, attach appropriate form(s).

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 COJ/Parks to receive monthly reports to Daryl Joseph, Director on summary of the monthly ridership levels and events hosted by location.

COJ/Parks to receive monthly reports to Daryl Joseph, Director on summary of the monthly ridership levels and events hosted by location.

Division Chief:   
(signature)

Date: 7/2/23

Prepared By:   
(signature)

Date: 7/21/23

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department  
(Name, Job Title, Department)  
Phone: 255-7903 E-mail: Djoseph@coj.ent

From: Daryl Joseph, Director, Parks, Recreation and Community Services Department  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-7903 E-mail: Djoseph@coj.net

Primary Contact: Daryl Joseph  
(Name, Job Title, Department)  
Phone: 255-7903 E-mail: Djoseph@coj.net

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 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](mailto:mstaff@coj.net)

From: \_\_\_\_\_  
Initiating Council Member / Independent 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: 255-5006 E-mail: [Bnorris@coj.net](mailto:Bnorris@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**