LEGISLATIVE FACT SHEET

DATE:	11/07/24		BT or RC No: 8795-028					
			(Administration	& City Cou	ncil Bills)			
SPONSOR:			Public Work	(S				
		(Department/Division/Agency/Council Member)						
Contact for all inquiries and pres		sentations: Public V		Public Wo	orks			
Provide Name:			Rose Nettles					
Contact Number:			255-8728					
			mettles@coj.net					
will complete this (Minimum of This BT is nece purpose of "pro does not conta	s form for Council introduce 350 words - Maximu essary to appropriate \$5 otecting and restoring Su	d legislation and m of 1 page.) 0,000 from the unset Memorial ponent. Deferra	essary? Provide; Who, What, When, the Administration is responsible for State of Florida, Department of S Cemetery's African American he al of this appropriation until the n	all other legi State, Divisi eritage and l	slation. on of Histo historical si	rical Resources for the gnificance." The grant		
List the sour	ATION: Total Amorce name and provided as it will appear in title of	de Object an	ated: \$50,000.00 d Sub object Numbers for		as follow egory liste			
Name of Fede	eral Funding Source(s):	From:			Amount:			
		То:	15).		Amount:			
Name of State	Funding Source(s):	From: Divisio	n of Historical Resources		Amount:	\$50,000.00		
		To: COJ			Amount:	\$50,000.00		
Name of City of Jack	f Jacksonville Funding	From:			Amount:			
Source(s):		То:			Amount:			
Name of In-Kin	d Contribution(s):	From:			Amount:			
		То:			Amount:			
Name & Numb	er of Bond Account(s):	From:			Amount:			
		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 funding of anticipated post-construction (Minimum of 350 words - Maximum of 1 pa	operati	oing maintenance? and staffing obligation? Per Chapters 122 & 106 regarding on costs.
This grant appropriation does not contai debt.	in a loca	al match, therefore approval of this legislation will not cause the City to incur additional
ACTION ITEMS: Purpose / Che provisions for each.	ck Lis	t. If "Yes" please provide detail by attaching justification, and code
ACTION ITEMS: Yes Emergency? [No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 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? Public Works will provide oversight of the project. OGC and Risk Management have reviewed the request.
Related RC/BT? X Waiver of Code?	×	Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	x	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?	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?	Attachment: If yes, attach appropriate form(s).				
Reporting X	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.				
<u>e</u>	BUSINESS IMPACT ESTIMATE				
Pursuant to Section 166.041(4), F.S., the City is required to prepare a Business Impact Estimate for ordinances that are NOT exempt from this requirement.					
A list of ordinance exemptions are provided below. Please check all exemption boxes that apply to this ordinance. If an exemption is applicable, a Business Impact Estimate IS NOT required.					
The proposed ordinance is required for compliance with Federal or State law or regulation;					
The proposed ordinance r	elates to the issuance or refinancing of debt;				
The proposed ordinance relates to the adoption of budgets or budget 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 government;					
The proposed ordinance is an emergency ordinance;					
The ordinance relates to procurement;					
The proposed ordinance is enacted to implement any of the following:					
 a. Part If 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; 					
b. Sections 190.005 and 190.046, Florida Statutes, regarding community development districts;					
 c. Section 553.73, Florida Statutes, relating to the Florida Building Code; d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code. 					
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the using agency/office/department ar request, legislative fact sheet, etc. A E	ed, then a Business Impact Estimate IS REQUIRED to be prepared by and submitted in the MBRC filing packet along with the memorandum Business Impact Estimate form can be found at: chments/finance/budget/mayor-s-budget-review-committee				
Division Chief:	25 Date: 11/8/24				
Prepared By:	Date: 11/7/24				
	(Segnat المحرد)				

ADMINISTRATIVE TRANSMITTAL

To:	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:	Dave McDaniel, Chief of Mowing and Landscape Maintenance, Public Works						
	Initiating Department Representative (Name, Job Title, Department)						
	Phone: 255-4301 E-mail:	mcdaniel@coj.net					
Primary	Rose Nettles, Administration Manager - Special Projects, Public Works						
Contact	Initiating Department Representative (Name, Job Title, Department)						
	Phone: <u>255-8728</u> E-mail:	rnettles@coj.net					
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone: 255-5000 E-mail:	BNorris@coj.net					
COU	UNCIL MEMBER / INDEPENDENT AGENCY	/ CONSTITUTIONAL OFFICER TRANSMITTAL					
То:	Mary Staffopoulos, Office of General Counsel, St. James Suite 480						
	Phone: 904-255-5062 E-mail: <u>m</u>	staff@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: 255-5000 E-mail:	BNorris@coj.net					
-		lution from the Independent Agency Board approving					
the legislat							
Independent Agency Action Item: Yes No Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, is board exting schoduled?							
		board action scheduled?					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED