

# LEGISLATIVE FACT SHEET

BT24-013

DATE: 09/13/23

BT or RC No: BT23-125  
(Administration & City Council Bills)

SPONSOR: Public Works  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Robin Smith

Provide Name: Robin Smith

Contact Number: 255-8710

Email Address: robinsmith@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.)

This BT is necessary to appropriate \$750,000.00 in grant funds from the Florida Department of Environmental Protection for the purpose of the replacement of onsite sewage treatment and disposal systems with central sewer connections in order to provide central water and sewer services to unserved areas. The Cristobel neighborhood borders the Ribault River and was identified as an area of high priority according to the agreement with JEA to phase out septic tanks. This transfer will provide funding for topographical surveys, subsurface utility engineering, soil borings, design of a gravity sewer, design of a force main, design of a pump station, agency permitting, and technical specifications for construction. Deferral of this appropriation would result in the City of Jacksonville not receiving needed grant funds.

APPROPRIATION: Total Amount Appropriated \$750,000.00 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: Florida Department of Environmental Protection	Amount: \$750,000.00
	To: City of Jacksonville	Amount: \$750,000.00
Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond	From: _____	Amount: _____

Account(s):	To:	Amount:
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**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 Florida Department of Environmental Protection will provide \$750,000 million to the City of Jacksonville for the Christobel Septic Tank Phase-Out project.

**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: 30px; margin-top: 5px;"></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: 30px; margin-top: 5px;"></div>
Fiscal Year Carryover?	<input 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: 30px; margin-top: 5px;"></div>
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input 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? Public Works will provide oversight of the project. OGC has reviewed the request.
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

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

ACTION ITEMS:

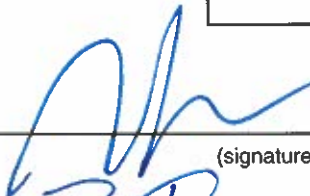
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 checked="" 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

Division Chief:  \_\_\_\_\_  
(signature)

Date: 9/13/23

Prepared By:  \_\_\_\_\_  
(signature)

Date: 9/13/23

**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: 255-5006 E-mail: [bnorris@coj.net](mailto:bnorris@coj.net)

From: Robin Smith, Chief, Public Works Engineering & Construction Management  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-8710 E-mail: [robinsmith@coj.net](mailto:robinsmith@coj.net)

Primary Contact: Robin Smith, Chief, Public Works Engineering & Construction Management  
(Name, Job Title, Department)  
Phone: 255-8710 E-mail: [robinsmith@coj.net](mailto:robinsmith@coj.net)

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 E-mail: [bnorris@coj.net](mailto: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**

**STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Standard Grant Agreement**

This Agreement is entered into between the Parties named below, pursuant to Section 215.971, Florida Statutes:

1. Project Title (Project): **Jacksonville - Christobel Septic Tank Phase-Out** Agreement Number: **LPA0551**

2. Parties **State of Florida Department of Environmental Protection,  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000** (Department)

Grantee Name: **City of Jacksonville** Entity Type: **Local Government**

Grantee Address: **117 W. Duval Street, Suite 400, Jacksonville, FL 32202** FEID: **59-6000344** (Grantee)

3. Agreement Begin Date: **Upon Execution** Date of Expiration: **March 31, 2026**

4. Project Number: **(30.3809, -81.6804)** Project Location(s): **(30.3809, -81.6804)**  
*(If different from Agreement Number)*

Project Description: **The Grantee will complete topographical surveys, Subsurface Utility Engineering, soil borings, gravity sewer design, force main design, pump station design, agency permitting, and technical specifications for construction.**

5. Total Amount of Funding:	Funding Source?	Award #s or Line Item Appropriations:	Amount per Source(s):
<b>\$ 750,000.00</b>	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>LP, GAA LI 1705A, FY 23-24, GR</b>	<b>\$ 750,000.00</b>
	<input type="checkbox"/> State <input type="checkbox"/> Federal		\$
	<input type="checkbox"/> Grantee Match		\$
Total Amount of Funding + Grantee Match, if any:			<b>\$ 750,000.00</b>

<p>6. Department's Grant Manager Name: <b>Joseph Fischer</b> or successor Address: <b>FL Department of Environmental Protection 3900 Commonwealth Blvd Tallahassee, FL 32399</b> Phone: <b>(850) 245-2841</b> Email: <b>joseph.fischer@floridadep.gov</b></p>	<p>Grantee's Grant Manager Name: <b>Rose Nettles</b> or successor Address: <b>City of Jacksonville 214 N. Hogan St., 10th Floor Jacksonville, FL, 32202</b> Phone: <b>904-255-8728</b> Email: <b>rnettles@coj.net</b></p>
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7. The Parties agree to comply with the terms and conditions of the following attachments and exhibits which are hereby incorporated by reference:

<input checked="" type="checkbox"/> Attachment 1: Standard Terms and Conditions Applicable to All Grants Agreements
<input checked="" type="checkbox"/> Attachment 2: Special Terms and Conditions
<input checked="" type="checkbox"/> Attachment 3: Grant Work Plan
<input checked="" type="checkbox"/> Attachment 4: Public Records Requirements
<input checked="" type="checkbox"/> Attachment 5: Special Audit Requirements
<input type="checkbox"/> Attachment 6: Program-Specific Requirements
<input type="checkbox"/> Attachment 7: Grant Award Terms (Federal) *Copy available at <a href="https://facts.fdfs.com">https://facts.fdfs.com</a> , in accordance with §215.985, F.S.
<input type="checkbox"/> Attachment 8: Federal Regulations and Terms (Federal)
<input type="checkbox"/> Additional Attachments (if necessary):
<input checked="" type="checkbox"/> Exhibit A: Progress Report Form
<input type="checkbox"/> Exhibit B: Property Reporting Form
<input checked="" type="checkbox"/> Exhibit C: Payment Request Summary Form
<input type="checkbox"/> Exhibit D: Quality Assurance Requirements
<input type="checkbox"/> Exhibit E: Advance Payment Terms and Interest Earned Memo
<input type="checkbox"/> Exhibit F: Common Carrier or Contracted Carrier Attestation Form PUR1808
<input type="checkbox"/> Additional Exhibits (if necessary):

8.	The following information applies to Federal Grants only and is identified in accordance with 2 CFR 200.331 (a) (1):	
Federal Award Identification Number(s) (FAIN):		
Federal Award Date to Department:		
Total Federal Funds Obligated by this Agreement:		
Federal Awarding Agency:		
Award R&D?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

**IN WITNESS WHEREOF, this Agreement shall be effective on the date indicated by the Agreement Begin Date unless another date is specified in the grant documents.**

City of Jacksonville

GRANTEE

By \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
Date Signed

**Donna Deegan, Mayor**

\_\_\_\_\_  
Print Name and Title of Person Signing

State of Florida Department of Environmental Protection

DEPARTMENT

By \_\_\_\_\_  
Secretary or Designee

\_\_\_\_\_  
Date Signed

**Angela Knecht, Director, Division of Water Restoration Assistance**

\_\_\_\_\_  
Print Name and Title of Person Signing

Additional signatures attached on separate page.