

LEGISLATIVE FACT SHEET

DATE: 10/25/19 BT or RC No: BT20-026
(Administration & City Council Bills)

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

Contact for all inquiries and presentation Brian Hughes, Chief Administrative Officer

Provide Name: Brian Hughes

Contact Number: 904-255-5035

Email Address: HughesB@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 legislation appropriates \$8 million to UF Health to fund legally required county hospital expenses. UF Health has been facing millions in extra operating expenses due to services provided to the population of the Pre-trial detention facility. In FY18 these costs were nearly \$10 million. In 2019 they went to \$8 million, and in FY20 they are project to again exceed \$8 million. These legally required services fall outside the in-house care at the facility and create an additional expense beyond the normal operational capacity of UF Health. This \$8 million budget transfer will supplement UF Health's operations to ensure no negative impact to the continued care provided to community members in Jacksonville. Offsetting this \$8 million transfer from the General Fund is more than \$7 million in positive operational variances in JSO's budget for FY 19, which will add to fund balance, as well as \$5 million in positive performance of Ad Valorem property tax receipts versus the amount budgeted for FY 19.

APPROPRIATION: Total Amount Appropriated \$8,000,000 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: City of Jacksonville General Fund Balance	Amount: \$8,000,000.00
	To: UF Health Jacksonville	Amount: \$8,000,000.00
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.)

This legislation appropriates \$8 million to UF Health to fund legally required county hospital expenses from fund balance. UF Health has been facing millions in extra operating expenses due to services provided to the population of the Pre-trial detention facility. In FY18 these costs were nearly \$10 million. In 2019 they went to \$8 million, and in FY20 they are project to again exceed \$8 million. These legally required services fall outside the in-house care at the facility and create an additional expense beyond the normal operational capacity of UF Health. This \$8 million budget transfer will supplement UF Health's operations to ensure no negative impact to the continued care provided to community members in Jacksonville. Offsetting this \$8 million transfer from the General Fund is more than \$7 million in positive operational variances in JSO's budget for FY 19, which will add to fund balance, as well as \$5 million in positive performance of Ad Valorem property tax receipts versus the amount budgeted for FY 19.

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: 60px; 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: 60px; 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: 60px; margin-top: 5px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" 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? <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Finance and Administration will provide oversight.</i> </div>
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.

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

ACTION ITEMS:

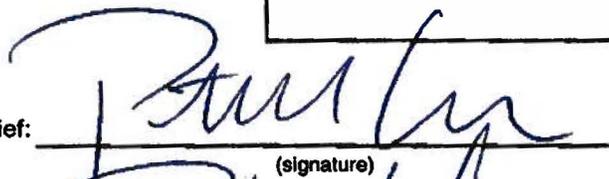
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?

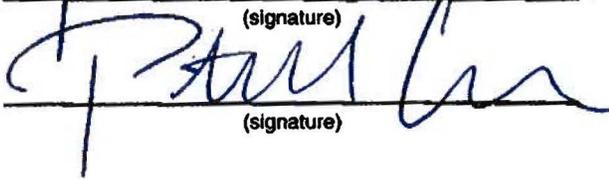
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 generating

Division Chief: 
(signature)

Date: 10/28/19

Prepared By: 
(signature)

Date: 10/28/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)
Phone: 255-5013 E-mail: jelsbury@coj.net

From: Joey Greive, CFO, Finance and Administration
Initiating Department Representative (Name, Job Title, Department)
Phone: 255-5354 E-mail: pgreive@coj.net

Primary Contact: Brian Hughes, CAO, Administration
Initiating Department Representative (Name, Job Title, Department)
Phone: 255-5035 E-mail: hughesb@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630 255-5018 E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: jelsbury@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