LEGISLATIVE FACT SHEET

DATE:	08/04/21	BT or RC No: N/A
		(Administration & City Council Bills)
SPONSOR:	Mayor (Dept of F	ance and Administration)
	-	(Department/Division/Agency/Council Member)
Contact for all ir	nquiries and presen	tions
Provide Name:		P. Greive
Contac	ct Number:	904-255-5354
Email	Address:	pgreive@coj.net
Research will complet		ion is necessary? Provide; Who, What, When, Where, How and the Impact.) Council uced legislation and the Administration is responsible for all other legislation.
the City of Jackson would allow the hos are all in agreemen	ville to compensate for t spitals to completely cov	red to establish a special service assessment on AHCA licensed hospitals in a Medicaid shortfall and the Direct Provider Payment process. The legislation is the shortfall with zero impact to the general fund. The hospitals participating are of support. All hospitals recognize that the final figures will not be available CA later this month.

APPROPRIATION: Total Ar		as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each o	ategory listed below:
(Name of Fund as it will appear in ti	tle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
(-)	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
Traine of State 1 unumg Sourse(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
ivanie of in-Kind Contribution(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

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.) ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** emergency. This legislation is the necessary first step to create the special assessment and the preliminary roll which is required to create the final roll and assessment. Due to the October deadline this process must be passed as a one cycle emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate?

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
	Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment? x	mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name
Contract / Agreement Approval?	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.
Code Exception? x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
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).

Report Requiremen	~ 1	х	and frequency of reports, includir	ding City Council / Auditor) to receive rep ng when reports are due. Provide Departi none number) responsible for generating	
Division Chief:				Date:	
_			(signature)	-	
Prepared By:	/s/ Tris	sha Bow	es	Date:	
_			(signature)		

ADMINISTRATIVE TRANSMITTAL

Contact: (Name, Job Title, Department) Phone: 904-255-5354	To:	MBRC, Budget Office, St. James Suite 325		
Phone:	Thru:			
From: Joey Greive Initiating Department Representative (Name, Job Title, Department) Phone: 904-255-5354		(Name, Job Title, Department)		
Initiating Department Representative (Name, Job Title, Department) Phone: 904-255-5354		Phone: E-mail:		
Primary Joey Greive Contact: (Name, Job Title, Department) Phone: 904-255-5354	From:	Joey Greive		
Primary Contact: (Name, Job Title, Department) Phone: 904-255-5354		Initiating Department Representative (Name, Job Title, Department)		
Contact: (Name, Job Title, Department) Phone: 904-255-5354		Phone: 904-255-5354 E-mail: <u>Pgreive@coj.net</u>		
Phone: 904-255-5354	Primary	Joey Greive		
CC: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5015 E-mail: leannk@coj.net COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL To: Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: (904) 255-5055 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: E-mail: CC: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5015 E-mail: lecannk@coj.net Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation. Independent Agency Action Item: Yes No Reards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,	Contact:	(Name, Job Title, Department)		
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL To: Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: (904) 255-5055		Phone: 904-255-5354		
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