

LEGISLATIVE FACT SHEET

DATE: 05/24/21

BT or RC No: BT21-082
(Administration & City Council Bills)

SPONSOR: Mayor's Office/Finance and Administration
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Joey Greive / Stephanie Burch

Provide Name: Joey Greive / Stephanie Burch

Contact Number: (904) 255-5354/(904) 255-5034

Email Address: pgreive@coj.net/stephanieb@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 reappropriates funding from CARES Act programs, in which excess funds exist, to other identified CARES Act qualifying needs.

APPROPRIATION: Total Amount Appropriated \$19,900,000.00 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:	Amount: _____
	To:	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: CARES Act Program Categories	Amount: <u>\$19,900,000.00</u>
	To: CARES Act Program Categories	Amount: <u>\$19,900,000.00</u>
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 reduces appropriations of certain CARES Act Funds in the amounts of \$4.6 million from the "Grants to Support Small Business loans" bucket that funded our VyStar small business relief program, \$12.5 million from the "Expenses not reimbursed by FEMA" bucket, and \$2.8 million from the "Eviction and Foreclosure Prevention grant" bucket to fund \$19.9 million of alternative CARES Act qualifying needs as follows: \$16.8 million in JSO/JFRD OT incurred since March 2020, \$50,000 to Cathedral District and \$1 million to the Jacksonville Symphony for economic harm, \$250,000 to Department of Health for vaccinations and other health needs, \$488,016 for EOC-JFRD Emergency response systems/equipment upgrades, and the remaining \$1.3 million to be allocated by City Council to CARES Act qualifying expenditures.

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

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <p>One-cycle Emergency will be requested to ensure funding may reach identified recipients quickly.</p>
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>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <p>Funds to be spent by 12/31/21 pursuant to CARES Act.</p>
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 & 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> <p>Contracts are expected for a portion of this funding. Contracts will be replicated from prior agreements utilized for CARES Act funding</p>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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>
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>
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> <p>several prior CARES Act ordinances</p>

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

ACTION ITEMS:

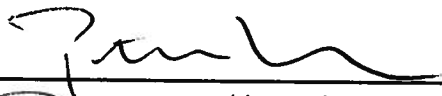
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: 5/24/21

Prepared By: 
(signature)

Date: 5/24/21

ADMINISTRATIVE TRANSMITTAL

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

Thru: Jordan Elsbury

(Name, Job Title, Department)

Phone: (904) 255-5013

E-mail: jelsbury@coj.net

From: Joey Greive

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 255-5354

E-mail: pgreive@coj.net

Primary Contact: Joey Greive/Stephanie Burch

(Name, Job Title, Department)

Phone: (904) 255-5354

E-mail: pgreive@coj.net

CC:

Phone: _____

E-mail: _____

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, Chief of Staff

Phone: 904-255-5013

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