## **LEGISLATIVE FACT SHEET**

| DATE  | 08/09/24   |   | BT or RC No:   |   |  |  |
|---|--|---|--|---|--|--|
|   |  |   | (Administration & City Co  | uncil Bills)  |  |  |
| SPONSOR   | : Mayor  |   |  |   |  |  |
|   |  |   | (Department/Division/Agency/Council M  | lember)   |  |  |
| Contact for   | all inquiries and pre                                    | esentations.                                  | Tracve P   | oleon   |  |  |
| Contact for all inquiries and presentations: Tracye Polson  Provide Name: |  |   |  |   |  |  |
| 11011001142   | Contact Number: 9  | 204-255-500                                   |  |   |  |  |
|   |  | Tpolson@co                                    | · · · · · · · · · · · · · · · · · · ·  |   |  |  |
|   |  |   |  |   |  |  |
| wil comp ete th   | is form for Council introduc                             | ced legislation an                            | ecessary? Provide; Who, What, When, Where H<br>d the Administration is responsible for all other k | low and the Impact.) Council Research<br>agistation |  |  |
|   | f 350 words - Maximu                                     | <u>, , , , , , , , , , , , , , , , , , , </u> | omply with new Section 125 0231 Fla Stat.  | to prohibit upputhorized public                     |  |  |
| camping and   | sleeping on public prope                                 | erties under the                              | City's jurisdiction. Additionally, the bill will p   | rohibit public urination and                        |  |  |
|   | ne effective date of the r<br>on by that effective date. |   | October 1, 2024, so this legislation is need   | ed to authorize the Sheriff to enforce              |  |  |
|   | •  |   |  |   |  |  |
|   |  |   |  |   |  |  |
| <u> </u>  |  |   |  |   |  |  |
| ADDDODD   | ATION: Total Ame   | unt Annene                                    | inted:   | as follows:   |  |  |
|   | ATION: Total Amo   |   | nated.  nd Subobject Numbers for each cate   |   |  |  |
|   | d as it will appear in title                             | •   | a casosjoot rambole for cash call  | agory notice bottom.                                |  |  |
| (rame or ran  | o do it tim appoint in the                               | T   |  | A   |  |  |
| Name of Fed   | leral Funding Source(s)                                  | From:   |  | Amount:   |  |  |
|   |  | То:   |  | Amount:   |  |  |
|   | Funding Square(a)  | From:   |  | Amount:   |  |  |
| Name of State   | Funding Source(s):                                       | To:   |  | Amount:   |  |  |
|   |  |   |  |   |  |  |
| Name of City of   | y of Jacksonville Funding                                | s From:                                       |  | Amount:   |  |  |
|   |  | To:   |  | Amount <sup>-</sup>                                 |  |  |
| Name of In-Kit  |  | From  |  | Amount  |  |  |
|   | nd Contribution(s):                                      | From:   |  | Amount  |  |  |
|   |  | То:   |  | Amount  |  |  |
| Name & Numi   | nber 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 & 196 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

|  | e e  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. |  |  |  |  |  |  |
| ACTION ITEMS: Yes No Emergency? X  | Justification of Emergency: If yes, explanation must include detailed nature of emergency.   |  |  |  |  |  |
| Federal or State  Mandate?   | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.   |  |  |  |  |  |
|  | On October 1, 2024, State law requires the City to prohibit public camping and sleeping on public properties. Additionally on January 1, 2025, private citizens may sue the City for an injunction and recover attorneys fees if the City fails to enforce this new State requirement.                                       |  |  |  |  |  |
| Fiscal Year Carryover?   | Note: If yes, note must include explanation of all-year subfund carryover language   |  |  |  |  |  |
| CIP Amendment?  Contract / Agreement Approval?   | 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? |  |  |  |  |  |
| Related RC/BT? X Waiver of Code? X   | 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?  | 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 Explanation: How will the funds be used? Does the funding require a match? Is the **Continuation of Grant?** 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 Attachment: If yes, attach appropriate form(s). Certification? Explanation: List agencies (including City Council / Auditor) to receive reports and Reporting frequency of reports, including when reports are due. Provide Department (include Requirements? contact name and telephone number) responsible for generating reports. 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 X State law or regulation; The proposed ordinance relates 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; or The proposed ordinance is enacted to implement the following: a. Part II 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; or d. Section 633 202, Florida Statutes, relating to the Florida Fire Prevention

If none of the boxes above are checked, then a Business Impact Estimate <u>IS REQUIRED</u> to be prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at: <a href="https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee">https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee</a>

Code.

| sion Chief:   |   |  | Date:  |   |   |  |
|---|---|--|--|---|---|--|
|   | (   | signature)   |  |   |   |  |
| epared By: _  |   |  |  | Date:   |   |  |
|   | (1  | signature)   |  |   |   |  |
|   | ADM   | INISTRATIV   | E TRANSMITTAL  |   |   |  |
| MBRC, c/o the Budget Office, St. James Suite 325                            |   |  |  |   |   |  |
| Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor |   |  |  |   |   |  |
| (Name, Job  | Title, Department)  |  |  |   |   |  |
| Phone:  | 255-5000  | E-mail:  | BNorris@coj.net  |   |   |  |
| Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor |   |  |  |   |   |  |
| Initiating Department Representative (Name, Job Title, Department)          |   |  |  |   |   |  |
| Phone: _  | 255-5000  | E-mail:  | BNorris@coj.net  |   |   |  |
| Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor |   |  |  |   |   |  |
| (Name, Job  | Title, Department)  |  |  |   | -   |  |
| Phone:  | 255-5000  | E-mail:  | BNorris@coj.net  | CONTRACTOR | Name to the state of the state |  |
| Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor |   |  |  |   |   |  |
| Phone:  | 255-5000  | E-mail:  | BNorris@coj.net  |   |   |  |
|   | MBRC, c/o Brittany No (Name, Job Phone: Brittany No (Name, Job Phone: Brittany No (Name, Job Phone: Brittany No | ADM  MBRC, c/o the Budget Office  Brittany Norris, Director of Inter (Name, Job Title, Department)  Phone: 255-5000  Brittany Norris, Director of Inter Initiating Department Representation Phone: 255-5000  Brittany Norris, Director of Inter (Name, Job Title, Department) Phone: 255-5000  Brittany Norris, Director of Inter (Name, Job Title, Department) Phone: 255-5000 | epared By:  (signature)  ADMINISTRATIV  MBRC, c/o the Budget Office, St. James S  Brittany Norris, Director of Intergovernmental A  (Name, Job Title, Department)  Phone: 255-5000 E-mail:  Brittany Norris, Director of Intergovernmental A  Initiating Department Representative (Name, Job Tit  Phone: 255-5000 E-mail:  Brittany Norris, Director of Intergovernmental A  (Name, Job Title, Department)  Phone: 255-5000 E-mail:  Brittany Norris, Director of Intergovernmental A  (Name, Job Title, Department)  Phone: 255-5000 E-mail: | (signature)  ADMINISTRATIVE TRANSMITTAL  MBRC, c/o the Budget Office, St. James Suite 325  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor Initiating Department Representative (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  | (signature)  ADMINISTRATIVE TRANSMITTAL  MBRC, c/o the Budget Office, St. James Suite 325  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor Initiating Department Representative (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net  |  |

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

| То:                       | Mary Staffopoulos, Office of General Counsel, St. James Suite 480           |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|
|                           | Phone: 904-255-5062   | E-mail: mstaff@coj.net   |  |  |  |  |
| From:                     |   |  |  |  |  |  |
|                           | Initiating Council Member / Independent Agency / Constitutional Officer     |  |  |  |  |  |
|                           | Phone:  | E-mail:  |  |  |  |  |
| Primary                   | Tracye Polson   |  |  |  |  |  |
| Contact                   | (Name, Job Title, Department)   |  |  |  |  |  |
|                           | Phone: <u>255-5000</u>  | E-mail: Tpolson@coj.net  |  |  |  |  |
| CC                        | Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor |  |  |  |  |  |
|                           | Phone: 255-5000   | E-mail: BNorris@coj.net  |  |  |  |  |
| the legislat<br>Independe | tion.   | requires a resolution from the Independent Agency Board approving  Yes No  Attachment: If yes, attach appropriate documentation If no, when is board action scheduled? |  |  |  |  |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED