LEGISLATIVE FACT SHEET

09/25/19	BT or RC No:
	(Administration & City Council Bills)
JEA	
(De	epartment/Division/Agency/Council Member)
quiries and presentations	Chief Human Resources Officer
	Jon Kendrick
t Number:	904-665-4747
\ddress:	kendja@jea.com
	cessary? Provide; Who, What, When, Where, How and the Impact.) Council islation and the Administration is responsible for all other legislation.
trical Workers (IBEW). ment between JEA and the Internation. The parties have met extensive onducted a ratification vote on Seabers and the JEA Board of Directors: 532 general increase to base each year alization Event, any remaining gent pate of the Recapitalization Event 2020, each employee shall receivent Provisions - effective only in the ection of employee pensions in action of employee pensions in action of substantially comparable a providing for 100% of base payor 23, 2019. (Exhibit E)	eneral increase shall be applied to each employee's rate of pay ent. For example, should a Recapitalization Event occur and the ive an increase of an additional 7%. The event of a recapitalization ecordance with Ordinance 2019-566. Program Agreement – (a) recognizes minimum requirements of the ITN e wages and benefits; (b) recognizes employee option to enter into a over the course of two years following a Recapitalization Event, if the program of the interest of the second exercise of the second exe
	JEA (Definition of employee pensions in action of employee pe

APPROPRIATION: Total Ar	as follows:	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	To:	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? Χ 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.
	All and the second of the seco
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	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?
	Contract attached. Negotiations complete and union membership ratified on 9/19/19.
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: Puljustification, 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 Proporty	
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	X	and frequency of reports, includi	uding City Council / Auditor) to receive reports ing when reports are due. Provide Department hone number) responsible for generating
Division Chief:			Date:
		(signature)	
Prepared By:			Date:
		(signature)	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone: E-mail:		
From:			
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: E-mail:		
Primary			
Contact:	(Name, Job Title, Department)		
	Phone: E-mail:		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-255-5013 E-mail: JElsbury@coj.net		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
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To:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
	Phone: 904-255-5055 E-mail: psidman@coj.net		
From:	Jon Kendrick, Chief Human Resources Officer		
	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: 904-665-4747 E-mail: <u>kendja@jea.com</u>		
Primary	Sherry Hall, VP Government Affairs		
Contact:	(Name, Job Title, Department)		
	Phone: 904-665-6208 E-mail: <u>hallsl2@jea.com</u>		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-255-5013 E-mail: <u>JElsbury@coj.net</u>		
2 1 1 4	The state of the s		
•	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.		
	dent Agency Action Item: Yes No		
•	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no,		
_	when is board action scheduled?		