LEGISLATIVE FACT SHEET

DATE:	02/15/22	2		BT or RC No:	BILL	1-058
			(A	dministration & City Co	uncil Bills)	
SPONSOR: Neighborhoods Departr			·	Control Division	ber)	
Contact for all inc	uiries and p	resentations				
Provide Name: Bryan Mosier, Director, Neighborhoods Department						
Contact Number: 904-255-7005						
Email Address: Bmosier@coj.net						
Research will complete (Minimum of 350 v The City of Jacks Agriculture and C and Rule 5E-13, I separately account accrue from the s reimbursements, Annual matching state budget rule.	this form for Couvords - Maxinonville, Mosonsumer Sectorida Admints for, states ale of surplusuch as FEI funds plus to The FY202	quito Contro equito Contro ervices (FDA inistrative C e matching for us MCD prop MA reimburs he state fun 2 matching	edislation and the Adr (e.) DI Division is governments CCS) under auspode (FAC). As a unds (grant fundation fundation in the control of the	Who, What, When, Where ninistration is responsible terned by the Florid tices of Chapter 386 an approved programs) in Subfund 0011 arnings and other gready budgeted. Welcome of \$161,012	a Departme B, Florida St m, MCD rec 2. Additiona overnment r dgeted annu Vith exceptio	ent of catutes (FS) ceives, and al funds revenue or ually, per on of 10%
in support of curre the 12-acre facility MCD developed to allocation of funds Subfund 00112 fo	ent operation yon Eastpool he allocation is as proposor the currernace (BT) such	ns, specificant Rd. In schedule ped herein wint Fiscal Yeach as this is	ally for equipment presented in the Il be certified by ar 2022. an annually recu	alance of \$161,918. It, supplies and per Budget Transfer Li the FDACS as a bu Irring exercise to fu state funds.	imeter chain ne item Deta udget amend	n link fence at ail. The dment to
APPROPRIATION List the source na	ame and pro	vide Object	and Subobject	161,918.00 Numbers for each o	as follows: category liste	
Name of Federal Fund	···adiaa Ca(-)	From:			Amount:	
Name of Federal Funding Source(s)		То:			Amount:	
Name of State Funding Source(s		From: Mosqu	uito Control Fund Bala	nce - SF 012	Amount:	\$161,918.00
		To: Mosqu	uito Contro! State I Fu	nds	Amount:	\$161,918.00

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Name of City of Jacksonville Fundir	From:		Amount:			
	To:		Amount:			
Name of In-Kind Contribution(s):	From:		Amount:			
The of its failed optimization(s).	To:		Amount:			
Name & Number of Bond	From:	<u></u>	Amount:			
Account(s):	То:		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.) These funds are coming from 00112 fund balance, the MCD state subfund, and will supplement operational line items in the FY22 General Funds budget. Funds will be used to purchase spray equipment, Aft Tail Rotor Driveshaft (MD500E), Admin vehicle replacement, control products and replacement security fencing at the 12-acre compound at 1321 Eastport Rd. In addition, these funds will leverage a current, time-limited state health department reimbursement grant available to assist county programs with upgrading local capability to counteract tropical storm-induced mosquito infestations and mosquito-borne virus outbreaks. No match is required.						
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.						
ACTION ITEMS: Yes No Emergency?						
Federal or State Mandate?	х	Explanation: If yes, explanation must include de including Statute or Provision.	etailed nature of mandate			
Fiscal Year Carryover?		Note: If yes, note must include explanation of all-year subfund carryover language.				
CIP Amendment? Contract / Agreement Approval?	x	Attachment: If yes, attach appropriate CIP form mid-year amendment. Attachment & Explanation: If yes, attach the Co of Department (and contact name) that will provinegotiations are on-going and with whom. Has	ntract / Agreement and name ide oversight. Indicate if			

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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. 2021-203, 2019-0326, 2018-113, 2016-320

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

ACTIO	NITEMS: Yes	No				
C	ontinuation of Grant?	x lsth	e funding for a	will the funds be used a specific time frame as there long-term implic	nd/or multi-vear? If	multi-vear, note
Su	rplus Property Certification?			s, attach appropriate fo		2
R	Reporting equirements?	x and	frequency of a	agencies (including Cit eports, including when ame and telephone nu	reports are due. P.	rovide Department
Divis	sion Chief:	U (alon	atura)		Date:	2/15/2022
Pre	opared By: WCO	ei,	Moc ature)	5	Date:	2/11/20
		ADMIN	STRATIVE	TRANSMITTAL		
То:	MBRC, c/o Jasmine	a Jordan, Bu	dget Office	, St. James Suite 3	325	
Thru:	Rachel Zimmer, Inter (Name, Job Title, Depar Phone: 255-50	rtment)		on, Office of the May	or	
From:	Randy Wishard, Chie Initiating Department Re Phone: 255-65	epresentative (Name, Job Ti	n, Neighborhoods D le, Department) Wishard@coj.net	epartment	
Primary Contact:	Bryan Mosier, Directo (Name, Job Title, Depar	tment)				
CC:	Phone: 904-255-Rachel Zimmer, Into Phone: 255-50	ergovernme	-	mosier@coj.net Liaison, Office of the rachelz@coj.net	ne Mayor	
				The second section is a second		

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Si	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone:	904-255-5055	E-mail: _	psidman@coj.net			
From:							
	Initiating Co	ouncil Member / Independ	ent Agency / C	Constitutional Officer			
	Phone: _		E-mail: _				
Primary							
Contact:	(Name, Job	b Title, Department)					
	Phone: _		E-mail: _				
CC:	Rachel Z	Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor					
	Phone:	904-255-5006	E-mail:	RachelZ@coj.net			
approving Independ	ng the legis dent Agen		s No	resolution from the Independent Agency Board Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED