

LEGISLATIVE FACT SHEET

DATE: 04/14/23

BT or RC No: BT23-083
 (Administration & City Council Bills)

SPONSOR: Neighborhood's/ Neighborhood Services Office
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____

Provide Name: Lisa Ransom

Contact Number: 255-7834

Email Address: Lransom@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.)

Funding is being provided to cover the cost of food and beverages to be served at special events to be hosted by Neighborhood Services Offices. The majority of the events are held on an annual basis to provide leadership training and recruit CPAC membership. This year on October 19, the Neighborhood Services Office will host the Neighborhood Awards Program combined with the 30th Anniversary of CPACs.

*revise 2022-504-E
Food and bev schedule*

APPROPRIATION: Total Amount Appropriated \$5,500.00 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 Fundir	From: <u>General Fund / Fight Blight Awareness Campaign</u>	Amount: <u>\$5,500.00</u>
	To: <u>Special Activities Trust Fund</u>	Amount: <u>\$5,500.00</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.)

The funding is being transferred from The Neighborhood Fight Blight Awareness Campaign and will be used to cover the cost of food and beverages to be served at special events to be hosted by Neighborhood Services Offices. There is no general fund match and no staffing obligations involved. There is no specific time frame for these funds to be used as they will be appropriated in an All Years Account.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; padding: 5px;">This is an All Years Account</div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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? <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; padding: 5px;">2022-504-E Attachment A.</div>

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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?
			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 generating
			<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Division Chief:  (signature) Date: 4/14/2023

Prepared By:  (signature) Date: 4/14/2023

ADMINISTRATIVE TRANSMITTAL

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

Thru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
 (Name, Job Title, Department)
 Phone: 255-5006 E-mail: rachelz@coj.net

From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
 Initiating Department Representative (Name, Job Title, Department)
 Phone: 255-5006 E-mail: rachelz@coj.net

Primary Contact: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
 (Name, Job Title, Department)
 Phone: 255-5006 E-mail: rachelz@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
 Phone: 255-5006 E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: 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 Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@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

Fund 00111-General Fund Operating
Center Description 170011-NBOD Fight Blight Awareness Campaign - Financial and Administration
Year to Date Period Apr-23

Account Description	Initial Budget	Budget		Obligations	Expenditures	Total Consumption	Funds Available Amount	Funds Available (%)	BT23-083		Pro forma		
		Adjustments	Total Budget						Transfer from	Transfer To	Total Budget	Funds Available Amount	
513060-Salaries Part Time	41,023.00	--	41,023.00	--	18,709.26	18,709.26	22,313.74	54.39			41,023.00	22,313.74	
514010-Salaries Overtime	--	--	--	--	--	--	--	--			--	--	
515100-Lump Sum Payment - Not Pensionable	--	--	--	--	--	--	--	--			--	--	
521020-Medicare Tax	837.00	--	837.00	--	293.03	293.03	543.97	64.99			837.00	543.97	
545020-General Liability Insurance	201.00	--	201.00	--	117.25	117.25	83.75	41.67			201.00	83.75	
548010-Advertising and Promotion	24,184.00	2,951.50	27,135.50	3,386.50	(435.00)	2,951.50	24,184.00	89.12	5,500.00		21,635.50	18,684.00	
549510-ISA-Computer Sys Maint&Security	3,573.00	--	3,573.00	--	1,632.15	1,632.15	1,940.85	54.32			3,573.00	1,940.85	
549512-ISA-Copy Center	247.00	--	247.00	--	104.30	104.30	142.70	57.77			247.00	142.70	
551010-Office Supplies - Other	300.00	--	300.00	3,393.03	--	3,393.03	(3,093.03)	(1,031.01)			300.00	(3,093.03)	
552160-Other Operating Supplies	1,800.00	--	1,800.00	--	36,300.00	36,300.00	(34,500.00)	(1,916.67)			1,800.00	(34,500.00)	
554001-Dues and Subscriptions	--	--	--	--	170.00	170.00	(170.00)	--			--	--	
Center Description	191040-TRAN Interfund Transfer - Interfund Group Transfer												
591910-Interfund - Transfer Out									5,500.00				
Total									5,500.00	5,500.00			