LEGISLATIVE FACT SHEET

DATE:	04/15/19		ВТ	or RC No:	BTI	9-095
			(Administra	ation & City Co	uncil Bills)	
SPONSO	DR: <u>Finance & A</u>		n - RISK MANAGEME epartment/Division/Agenc		ber)	
Contact 1	for all inquiries and pr	resentations_				
Provide Name:			Twane Duckworth or Bi	binia Centeno		<u>-</u>
	Contact Number:	904 2	255-5310/904 255-531	1		
	Email Address:	Twaned@	coj.net or Bcenteno@	coj.net		
Research w		uncil introduced le	necessary? Provide; Who, Whogislation and the Administrati			
Authority(J Comp Los	EA) - \$174,483.51 and Ja s Provision in the total arr	acksonville Hou nount of \$515,0	vision in the total amount o sing Authority(JHA) - \$203 27.96 to Jacksonville Elect This will not impact the R	i,042.53. To re tric Authority (J	turn excess EA)- \$496,6	FY 18 Workers' 67.13 and
Jacksonville Housing Authority (JHA) -\$18,360.82. This will not impact the Risk Management Case Reserves for currer operations.						
List the s	PRIATION: Total An source name and pro	vide Object a	and Subobject Numbe	892,553.99 rs for each c		
	Federal Funding Source(s)	From:	, <u>, , , , , , , , , , , , , , , , , , </u>		Amount:	
Name of Fe		То:	Til		Amount:	
Name of S	State Funding Source(s):	From:			Amount:	
		То:			Amount:	
	City of Jacksonville Source(s):	From: Subfun	d 561 - Retained Earnings		Amount:	892,553.99
		To: Subfun	d 561 - Self Insurance (variou	18)	Amount:	892,553.99
Name of I	In-Kind Contribution(s):	From:			Amount:	-
		То:			Amount:	
	lumber of Bond	From:	, i de la companya de		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	2.)
2018 General Liability loss provision to the Authority(JHA) - \$203,042.53, and to ret	ing in sub fund 561 to sub fund 561 Self Insurance in order to return excess FY e Jacksonville Electric Authority(JEA) - \$174,483.51 and Jacksonville Housing urn excess FY 16 Workers' Comp Loss Provision to the Jacksonville Electric nville Housing Authority (JHA) -\$18,360.82.
ACTION ITEMS: Purpose / Check code provisions for each.	 List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No Emergency? x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate? x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x Contract / Agreement Approval? x	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: P justification, and code provisions f	Section 128 urpose / Check List. If "Yes" please provide detail by attaching for each.
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 Property Certification? Reporting Requirements?	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:	Date: 4/19
Prenared By:	Date:

(signature)

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325						
Thru:	Twane Duckworth, Risk Manager , Finance						
	(Name, Job Title, Department)						
	Phone: 904 255-5310						
From:	Bibinia Centeno, Financial & Admin. Mgr., Finance						
	Initiating Department Representative (Name, Job Title, Department)						
	Phone: 904 255-5311 E-mail: <u>Bcenteno@coj.net</u>						
Primary	Bibinia Centeno						
Contact:							
	Phone: 904 255-5311						
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904 255-5013 E-mail: jelsbury@coj.net						
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL						
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480						
	Phone: 904 255-5055 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:							
	904 255-5013 E-mail: jelsbury@coj.net						
the state of the s							
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?						
	Wheth is board action scheduled?						
	l l						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED