

LEGISLATIVE FACT SHEET

DATE: 10/15/24

BT or RC No: BT 25-019
(Administration & City Council Bills)

SPONSOR: _____
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____

Provide Name: _____

Contact Number: _____

Email Address: _____

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.)

Appropriate general fund fund balance for Fuqua BCDC - One Riverside settlement approved on 2024-452-E

APPROPRIATION: Total Amount Appropriated: \$7,600,000.00 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 Funding Source(s): | From: Fund Balance | Amount: \$7,600,000.00 |
| | To: Fuqua BCDC - One Riverside Settlement | Amount: \$7,600,000.00 |
| 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.)

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; margin-top: 5px;"></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; margin-top: 5px;"></div> |
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></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; margin-top: 5px;"></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; margin-top: 5px;"></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; margin-top: 5px;"></div> |
| Related Enacted Ordinances? | <input checked="" type="checkbox"/> | <input 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; height: 30px; margin-top: 5px; padding: 5px;">2024-452-E</div> |

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 reports. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

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 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;
- The proposed ordinance is enacted to implement any of 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;
 - d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code.

If none of the boxes above are checked, then a Business Impact Estimate **IS REQUIRED** 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:

<https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee>

Division Chief: 
(signature)

Date: 10/16/24

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

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

Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)

Phone: 255-5000 E-mail: BNorris@coj.net

From: 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

Primary Contact: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)

Phone: 255-5000 E-mail: BNorris@coj.net

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5000 E-mail: BNorris@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: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5000 E-mail: BNorris@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