## **LEGISLATIVE FACT SHEET**

DATE:11/30/23		BT or RC No: (Administration & City Co		-047	
SPONSOR: Neighborh	oods/Anim	al Care & Protective Services (Department/Division/Agency/Council Mem	ber)		
Contact for all inquiries and preser	itations:	Michael Bric	ker		
Provide Name:	Mic	hael Bricker, Chief, Animal Care & Protective	Services		
Contact Number:		255-7372	9997-1952 <i>7-19529-1957-19599-1</i> 955		
Email Address:		Mbricker@coj.net			
		ssary? Provide; Who, What, When, Where, How a ation and the Administration is responsible for all o			
(Minimum of 350 words - Maximum o	f 1 page.)	······································			
provide in house spay/neuter services to st 10/1/23 to 9/30/24. Distribution of the func	ray and resid Is will be mad returned to F	of \$25,000.00 from Florida Animal Friend, Inc. lent owned free roaming cats/kittens in the cou de in a single cash installment from Florida Ar FAF immediately. This will reduce the salary in grant.	mmunity for t nimal Friend,	he period of Inc. Any unspent	
APPROPRIATION: Total Amount List the source <u>name</u> and provide ( (Name of Fund as it will appear in title of le	Object and	ted: \$25,000.00 I Subobject Numbers for each catego			
	From:	·····	Amount:		
Name of Federal Funding Source(s):					
[	To:		Amount:		
Name of State Funding Source(s):	From:	·····	Amount:		
	То:		Amount:		
Name of City of Jacksonville Funding Sour	From: Floi	rida Animal Friend, Inc	Amount:	\$25,000.00	
	To: Ani	mal Control Grants	Amount:	\$25,000.00	
Name of In-Kind Contribution(s):	From:		Amount:		
	То:		Amount:		
Name & Number of Bond Account(s):	From:		Amount:		
	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.

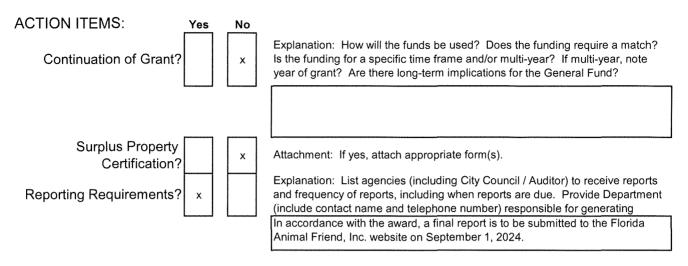
(Minimum of 350 words - Maximum of 1 page.)

These funds are coming from a private source and will be used to assist the City's Animal Care and Protective Services Division by funding spay and neuter services to feral and resident owned free roaming cats/kittens within the community. The spay and neuters will be performed in house. This will reduce the salary impact to the general fund, since the salaries and benefits will be transferred to the grant. This Grant does not require a match and the grant ends August 31, 2024. Any unspent funds will be returned to FAF immediately.

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

ACTION ITEMS: Yes Emergency?	No 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?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?	x 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? × 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?	x	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: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



## **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 regulat
	The proposed ordinance relates to the issuance or refinancing of debt;
X	The proposed ordinance relates to the adoption of budgets or budget amendments, including revenue sources necessary to fund the budget;
Х	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 <u>any of</u> 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;
	<ul> <li>b. Sections 190.005 and 190.046, Florida Statutes, regarding community development</li> <li>c. Section 553.73, Florida Statutes, relating to the Florida Building Code;</li> </ul>
	d Section 633 202 Elorida Statutes, relating to the Elorida Fire Prevention 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: _ Prepared By: _	UBick - Va	(signature) (signature)		Date: Date:	11/30/2023 11/30/2023
			ISTRATIVE TR	ANSMITTAL		
To:	MBRC, c/o the	Budget Office, St	. James Suite 3	25		
Thru:		Director of Intergover	nmental Affairs, C	Office of the Mayor		
	(Name, Job Title, I	Department)				
	Phone:	255-5000	E-mail:	BNorris@coj.net		
From:	Michael Bricker,	Chief, Animal Care &	& Protective Servi	ices		
	Initiating Departme	ent Representative (Na	me, Job Title, Depa	artment)		
	Phone:	255-7372	E-mail:	Mbricker@coj.net		
Primary	Michael Bricker,	Chief, Animal Care &	& Protective Servi	ices		
Contact:	(Name, Job Title, I	Department)				
	Phone:	255-7372	E-mail:	Mbricker@coj.net		
CC:	Brittany Norris, D	Director of Intergover	nmental Affairs, C	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

From:	Initiating Council Me	mber / Independent Ag	gency / Constitution	onal Officer
	Phone:		E-mail:	
Primary				
Contact:	(Name, Job Title, De	epartment)		
	Phone:		E-mail:	
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor			
	Phone:	255-5000	E-mail:	BNorris@coj.net
1		1		an farm the lader on deat America Deard
-	on from Independ g the legislation.	lent Agencies requ	iires a resoluti	on from the Independent Agency Board

Independent Agency Action Item: Yes No Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED