

LEGISLATIVE FACT SHEET

DATE: 12/22/21

BT or RC No: BT 22-043
 (Administration & City Council Bills)

SPONSOR: Public Works
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Public Works

Provide Name: Dave McDaniel

Contact Number: 255-4301

Email Address: mcdaniel@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.)

The Mowing and Landscape Division of the Public Works Department is seeking permission to appropriate \$421,685 settlement revenue. The settlement is for restitution for damages to trees at Pinehurst Cemetery. The funds will be used in FY22 for tree removal at Pinehurst Cemetery.

APPROPRIATION: Total Amount Appropriated \$421,685.00 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 | From: Judgements Recovered | Amount: \$421,685.00 |
| | To: PWML Contractual Services | Amount: \$421,685.00 |

| | | |
|---------------------------------|-------------|---------------|
| 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.)

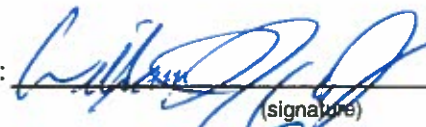
This is an appropriation of settlement funds for damages to Pinehurst Cemetery. These funds shall be expended in FY22 for the removal of trees within Pinehurst Cemetery


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. <input style="width: 100%; height: 30px;" type="text"/> |
| 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. <input style="width: 100%; height: 30px;" type="text"/> |
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language. <input style="width: 100%; height: 30px;" type="text"/> |
| 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? <input style="width: 100%; height: 30px;" type="text"/> |
| 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. <input style="width: 100%; height: 30px;" type="text"/> |
| 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. <input style="width: 100%; height: 30px;" type="text"/> |
| Related Enacted Ordinances? | <input 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. <input style="width: 100%; height: 30px;" type="text"/> |

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> |

sa Division Chief: 
 (signature)

Prepared By: 
 (signature)

Date: 12/22/2021

Date: 12/22/21

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, 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, Intergovernmental Affairs Liaison, Office of the Mayor
 Phone: 255-5006 E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 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: Rachel Zimmer , Intergovernmental Affairs Liaison, 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