

LEGISLATIVE FACT SHEET

DATE: _____

BT or RC No: _____
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: _____

Provide Name: _____ Tracy Flynn or Bibinia Centeno

Contact Number: 904 255-7735 or 904 255-5311

Email Address: Tflynn@coj.net or Bcenteno@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 Legislation is necessary to appropriate the funding below:
To increase FY 2022 budget for 112004 - Misc. Insured Programs for Account 545190 - Premium Paid-Property by \$582,183.97; Account 545200 - Prem Paid Aviation by \$181,790.00; Account 545420 - Premium Paid Special Events by \$69,575, and Account 545670 - Premium Paid Cyber Liability by \$80,419.04. Total budget increases for AFRM581MI of \$913,968.01. Budgeted amount is lower than the actual expenses.

APPROPRIATION: Total Amount Appropriated \$913,968.01 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: Insured Program -Transfer from Retained Earnings	Amount: \$913,968.01
	To: Insured Program - Various	Amount: \$913,968.01

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.)

To increase FY 2022 budget for 112004 - Misc. Insured Programs for Account 545190 - Premium Paid-Property by \$582,183.97; Account 545200 - Prem Paid Aviation by \$181,790.00; Account 545420 - Premium Paid Special Events by \$69,575, and Account 545670 - Premium Paid Cyber Liability by \$80,419.04. Total budget increases for AFRM581MI of \$913,968.01.. The Insured Program(56301) Transfer from Retained Earnings will be used to fund the request.

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 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; height: 30px; margin-top: 5px;"></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?


Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 generating

Division Chief: Tracy Flynn 
(signature)

Date: 3/9/2022

Prepared By: Bibinia Centeno 
(signature)

Date: 3/9/2022

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

FY22 Budget and Actuals

Actual-Paid FY 22

Outstanding

56301 112004

AJ Gallagher

Brown&Brown-

Account	Description	Total Budget	Total Policy Cost	Difference	BT Request	CASUALTY - VARIOUS	CASUALTY - VARIOUS	Special Events	AVIATION	AVIATION
545190	Premium Paid-Property	7,596,223.00	8,164,873.97	(568,650.97)	568,650.97	8,164,873.97				
	Jax Pier (July 2022 to Feb.28, 2023) ⁽²⁾		13,533.00	(13,533.00)	13,533.00	13,533.00				
	Total			(582,183.97)	582,183.97	8,178,406.97				
545200	Premium Paid-Aviation	111,381.00	293,171.00	(181,790.00)	181,790.00				140,477.00	152,694.00
545210	Premium Paid-Excess WC Policy	1,569,589.00	1,560,617.00	8,972.00			1,560,617.00			
545220	Premium Paid-Hull-Pl-City	106,912.00	120,868.00	(13,956.00)			120,868.00			
545240	Premium Paid-CSX Rails Liability	7,744.00	8,313.00	(569.00)			8,313.00			
545250	Premium Paid-Powerline Easement-City	5,965.00	5,850.00	115.00			5,850.00			
545280	Premium Paid-River Walk-City	113,790.00	131,652.00	(17,862.00)			131,652.00			
545290	Premium Paid - Blanket Crime - City	36,078.00	37,373.00	(1,295.00)			37,373.00			
545320	Premium Paid-Wharfinger Liability	10,550.00	11,770.00	(1,220.00)			11,770.00			
545420	Premium Paid - Special Events - City	50,000.00	48,634.04	1,365.96				48,634.04		
	Jax River Jams									
	Jazz Fest						8,625.00			
	Florida Georgia Games						17,250.00			
	Veterans Day Parade						28,750.00			
	Total⁽¹⁾		69,575.00	(69,575.00)	69,575.00					
545430	Premium Paid - Voting Precincts - City	12,301.00	11,725.00	576.00			11,725.00			
545600	Premium Paid-Out of State Auto Liab Poli	63,883.00	60,030.00	3,853.00			60,030.00			
545640	Premium Paid-GL Auto, Policy & Misc	1,004,839.00	898,987.00	105,852.00			898,987.00			
545670	Premium Paid-Cyber Liability	170,000.00	336,251.00	(166,251.00)	80,419.04		336,251.00			
Total		\$ 10,859,255.00	11,773,223.01	(913,968.01)	\$ 913,968.01	16,426,388.94	\$ 3,183,436.00	\$ 48,634.04	\$ 140,477.00	\$ 152,694.00

Note:

1 Outstanding policy charges for special events are estimates only.

These are FY 22 activities from March to September.

2 Construction of the pier is expected to be completed by July 2022 and policy charge is an estimate only.