## **LEGISLATIVE FACT SHEET**

DATE: 03/16/	22	BT or RC No: BT J	1-067		
	(.	Administration & City Council Bills)			
SPONSOR:	Public Work	re / Public Buildings			
	Public Works / Public Buildings (Department/Division/Agency/Council Member)				
Contact for all inquising an	l nyacantatian.	Dublio Works / Dublio Duildins			
Contact for all inquiries and	•	Public Works / Public Building	js		
Provide Name:		Roy Birbal			
Contact Number:	255-4330				
Email Address:	rbirbal@coj.	net			
	Council introduced legislation and the A	; Who, What, When, Where, How and th dministration is responsible for all other l			
The Public Buildings Divisio	n is requesting to appropriate S	300,000 from available Public th janitorial services, trash colle	-		
APPROPRIATION: Total List the source <u>name</u> and (Name of Fund as it will appear in	provide Object and Subobject	\$300,000.00 as follow  Numbers for each category I			
Name of Federal Funding Source(s)	(s) From:	Amount:			
	То:	Amount:			
Name of State Funding Source(s):	): From:	Amount:			
	То:	Amount:			
Name of City of Jacksonville Fund	dir From: Public Buildings Allocation	s Fund Amount:	\$300,000.00		
	To: Various Public Buildings C	enters Amount:	\$300,000.00		
Name of In-Kind Contribution(s):	From:	Amount:			
	То:	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.)

Appropriate available fund balance	within the Public Buildings Allocations Fund to cover increased contractual costs.

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

**ACTION ITEMS:** 

Yes No

Co	Explanation: How will the funds be used? Does the funding require Is the funding for a specific time frame and/or multi-year? If multi-year of grant? Are there long-term implications for the General Fundamental Fundament	ear, note
	Attachment: If yes, attach appropriate form(s).  Reporting and frequency of reports, including When reports are due. Provide (include contact name and telephone number) responsible for general sections.	Department
	pared By:  Date: 3/  Date: 3/  Date: 3/	17/22
	ADMINISTRATIVE TRANSMITTAL	
То:	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)	
Primary Contact:	Phone: 255-5006 E-mail: rachelz@coj.net  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	
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANS	<u>SMITTAL</u>
То:	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		ntal 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:  Boards Action / Resolution?  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED