

LEGISLATIVE FACT SHEET

DATE: 02/08/23

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

SPONSOR: Office of General Counsel
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Office of General Counsel

Provide Name: Helen Roberson

Contact Number: 255-7762

Email Address: hroberson@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.)

Legislation to amend 2022-800-E in order to remove all references to the City Council's adoption of the Maroon III E Fix being contingent on a finding that the map is constitutional by the Federal Court.

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

ACTION ITEMS:

| | Yes | No |
|------------|-------------------------------------|--------------------------|
| Emergency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

The nature of the emergency is that the City is required to file its initial brief in the appeal in this matter by March 8, 2023. The dissenting opinion in the above-referenced 11th Circuit's order on the City's motion to stay recognized that the Council could confirm its original intent by deleting the aforementioned references. Therefore, to eliminate the concern that the Council did not intend the Maroon III E Fix map to be its intended redistricted map for the 2020 decennial census and allow for this fact to be argued and presented to the appellate court in a timely manner in the City's initial brief, this legislation must be finalized by March 8, 2023.

| | | |
|---------------------------|--------------------------|-------------------------------------|
| 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.

| | | |
|------------------------|--------------------------|-------------------------------------|
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|------------------------|--------------------------|-------------------------------------|

Note: If yes, note must include explanation of all-year subfund carryover language.

| | | |
|----------------|--------------------------|-------------------------------------|
| 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?

| | | |
|----------------|--------------------------|-------------------------------------|
| Related RC/BT? | <input type="checkbox"/> | <input checked="" 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.

| | | |
|-----------------|--------------------------|-------------------------------------|
| 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.

| | | |
|-----------------------------|--------------------------|-------------------------------------|
| 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.

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 reports.

Division Chief: _____
(signature)

Date: _____

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

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

Thru: Brian Hughes, CAO, Mayor's Office

(Name, Job Title, Department)
Phone: 255-5012 E-mail: hughesb@coj.net

From: _____
Initiating Department Representative (Name, Job Title, Department)
Phone: _____ E-mail: _____

Primary Contact: Helen Roberson, Assistant General Counsel

(Name, Job Title, Department)
Phone: 255-7762 E-mail: hroberson@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@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: Rachel Zimmer, Director of Intergovernmental Affairs, 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