

LEGISLATIVE FACT SHEET

DATE: 01/17/23

BT or RC No: BT-23-042
 (Administration & City Council Bills)

SPONSOR: Neighborhoods Department/ Mosquito Control Division
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: _____

Provide Name: Chiquita Moore, Director, Neighborhoods Department

Contact Number: 255-8902

Email Address: ChiquitaM@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 City of Jacksonville, Mosquito Control Division is governed by the Florida Department of Agriculture and Consumer Services (FDACS) under auspices of Chapter 388, Florida Statutes (FS) and Rule 5E-13, Florida Administrative Code (FAC). As an approved program, MCD receives, and separately accounts for, state matching funds (grant funds) in Subfund 00112. Additional funds accrue from the sale of surplus MCD property, interest earnings and other government revenue or reimbursements, such as FEMA reimbursements. MCD developed the allocation schedule presented in the Budget Transfer Line-Item Detail. The allocation of funds as proposed herein will be certified by the FDACS as a budget amendment to Subfund 00112 for the current Fiscal Year 2023. A Budget Ordinance (BT) such as this is an annually recurring exercise to fulfill the requirement of FS Section 388.311, to re-budget prior year increase of state funds per state contract # 29364.

Leg also removes FY23 Fund balance approx of \$3,330.00

APPROPRIATION: Total Amount Appropriated 27678.57 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: State of Florida Amount: <u>27678.57</u>
	To: Mosquito Control State I Funds Amount: <u>27678.57</u>
Name of City of Jacksonville Funding Source(s):	From: _____ Amount: _____
	To: _____ Amount: _____
Name of In-Kind Contribution(s):	From: _____ Amount: _____
	To: _____ Amount: _____
Name & Number of Bond Account(s):	From: _____ Amount: _____
	To: _____ Amount: _____

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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.)

State Contract # 29364 has been increased by \$24,378.57. Funds will be used to purchase items for mosquito control surveillance, spray equipment, mosquito control treatment products and employee public health training. In addition, these funds will leverage a current, time-limited state health department reimbursement grant available to assist county programs with upgrading local capability to counteract tropical storm-induced mosquito infestations and mosquito-borne virus outbreaks. No match is required.

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 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 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 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 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 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 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 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?


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: 
(signature)

Date: 1/17/2023

Prepared By: 
(signature)

Date: 1/17/2023

ADMINISTRATIVE TRANSMITTAL

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

Thru: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

From: Randy Wishard, Chief, Mosquito Control Division, Neighborhoods Department

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-6594

E-mail: RWishard@coj.net

Primary Contact: Chiquita Moore, Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: ChiquitaM@coj.net

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 255-5055

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 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, 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