

LEGISLATIVE FACT SHEET

DATE: 10/04/23 BT or RC No: N/A
 (Administration & City Council Bills)

SPONSOR: Council President / Council Member Boylan (JEA Liaison)
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____

Provide Name: Randall Barnes (JEA Treasurer), and A.J. Souto (JEA Treasury)

Contact Number: 865-406-8417, 904-318-8966

Email Address: barnre2jea.com, soutaj@jea.com

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.)

JEA needs approval from COJ to issue bonds and the current authorization will be eclipsed in FY24 due to the need for debt-funded capital expenditures included in the FY24 budget. Prior authorizations were incremental and tied to issuance amounts over time, making it complicated to track how much authorization was available. JEA's Board approved a Resolution which established a not-to-exceed debt outstanding amount (or "debt ceiling") for each of our systems: Electric System (Enterprise) - \$1.9 Billion, Water and Sewer System - \$2.5 Billion, & District Energy System - \$150 Million. The proposed not-to-exceed amounts consider debt/asset ratio targets to maintain JEA's credit rating and compliance with JEA's Pricing Policy over time. The debt ceiling approach is simple and transparent - allowing anyone to see clearly how much debt JEA is allowed to borrow.

APPROPRIATION: Total Amount Appropriated N/A 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 Fundin	From: _____	Amount: _____
	To: _____	Amount: _____

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.)

N/A


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.
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:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table>	Yes	No	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 40px;"></td> <td style="width: 40px; height: 40px; text-align: center;">X</td> </tr> </table>		X	<p>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?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Yes	No						
	X						
Continuation of Grant?							
Surplus Property Certification?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">X</td> </tr> </table>		X	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 40px;"></td> <td style="width: 40px; height: 40px; text-align: center;">X</td> </tr> </table>		X	<p>Attachment: If yes, attach appropriate form(s).</p>
	X						
	X						
Reporting Requirements?			<p>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</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

Division Chief:  Date: 10/4/2023
 (signature)

Prepared By: _____ Date: _____
 (signature)

ADMINISTRATIVE TRANSMITTAL

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

Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
 (Name, Job Title, Department)
 Phone: 255-5000 E-mail: BNorris@coj.net

From: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
 Initiating Department Representative (Name, Job Title, Department)
 Phone: 255-5000 E-mail: BNorris@coj.net

Primary Contact: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
 (Name, Job Title, Department)
 Phone: 255-5000 E-mail: BNorris@coj.net

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
 Phone: 255-5000 E-mail: BNorris@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: Council Member Boylan (JEA Liaison), JEA
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: Randall Barnes (JEA Treasurer)
(Name, Job Title, Department)
Phone: 865-406-8417 E-mail: barnre2jea.com

CC: _____
Phone: _____ E-mail: _____

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