

LEGISLATIVE FACT SHEET

DATE: 03/21/19

BT or RC No: BT 19-087
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: _____

Provide Name: Bryan Mosier, Operations Director, Neighborhoods Department

Contact Number: 904-255-7005

Email Address: bmosier@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's Mosquito Control Division is governed by the Florida Department of Agriculture and Consumer Services (FDACS) under Chapter 388 of the Florida Statutes(FS) and Rule 5E-13 of the Florida Administrative Code (FAC). As an approved program, MCD receives and separately accounts for state matching funds (grant funds) as a budget amendment to indexcode ERMCO12. Additional funds accrue from the sale of surplus MCD property, interest earnings, and other government revenue or reimbursements, such as FEMA reimbursements.

Annual matching funds plus the fund balance and accruals must be budgeted annually, per state budget rules. The FY19 matching funds grant is already budgeted. With the exception of 10% holdback, this BT appropriates the available state fund balance of \$102,600.00 to expenditure lines in support of current operations, specifically for equipment, supplies, and perimeter chain link fence at the 12 acre facility on Eastport Road.

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 ERMCO12 for the current fiscal year. A Budget Transfer (BT) such as this is an annually recurring exercise to fulfill the requirements of FS Section 388.311, to rebudget prior year unexpended state funds.

APPROPRIATION: Total Amount Appropriated \$102,600.00 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: Mosquito Control Fund Balance - SF 012	Amount: \$102,600.00
	To: Mosquito Control State 1 Funds	Amount: \$102,600.00
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: _____

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.)

These funds are coming from ERM012 fund balance, the MCD state subfund, and will supplement operational line items in the FY19 General Fund budget. Funds will be used to purchase spray equipment, mobile digital devices, control products, and replacement of security fencing around the 12 acre compound at 1321 Eastport Road. 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. <div style="border: 1px solid black; height: 60px; 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: 60px; 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: 60px; 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: 60px; 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: 40px; 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: 40px; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input 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; padding: 5px; margin-top: 5px;"> 2018-113, 2016-320 </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: 
(signature)

Date: 4/4/19

Prepared By: 
(signature)

Date: 4/4/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Stephanie Burch, Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: stephanieb@coj.net

From: Randy Wishard, Chief, Mosquito Control Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 696-4374 Ext. 223

E-mail: rwishard@coj.net

Primary Contact: Bryan Mosier, Operations Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-7005

E-mail: bmosier@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 904-630-1825

E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 904-630-1825

E-mail: jelsbury@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