

# LEGISLATIVE FACT SHEET

DATE: 05/15/19

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

SPONSOR: Finance & Administration  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Teresa Eichner

Provide Name: Teresa Eichner

Contact Number: 904-255-5289

Email Address: [teichner@coj.net](mailto:teichner@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.)

This legislation is to request the authorization to enter into a Funding Agreement which sets forth the terms under which the City will contribute its budgeted funds to Millers Creek Special District to assist in paying for the costs of the dredging project which Millers Creek Special District will be managing.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ 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 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.)

**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 checked="" type="checkbox"/> | <input type="checkbox"/> |
|------------------------|-------------------------------------|--------------------------|

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

Funding are in an all-years subfund

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

OGC has drafted contract, which is attached to legislation

|                |                          |                                     |
|----------------|--------------------------|-------------------------------------|
| 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

Division Chief: \_\_\_\_\_  
(signature)

Date: 5/15/19

Prepared By: Teresa Eichner  
(signature)

Date: 5/15/2019

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Angela Moyer, Budget Officer, Budget Office

(Name, Job Title, Department)

Phone: 904-255-5288

E-mail: [amoyer@coj.net](mailto:amoyer@coj.net)

From: Teresa Eichner, CIP Administrator, Budget Office

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-5289

E-mail: [teichner@coj.net](mailto:teichner@coj.net)

Primary Contact: Teresa Eichner, CIP Administrator, Budget Office

(Name, Job Title, Department)

Phone: 904-255-5289

E-mail: [teichner@coj.net](mailto:teichner@coj.net)

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

Phone: 904-630-1825

E-mail: [JElsbury@coj.net](mailto: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](mailto: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, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 904-630-1825

E-mail: [JElsbury@coj.net](mailto: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**