LEGISLATIVE FACT SHEET

DATE: _____ 01/31/20 _____   BT or RC No: **BT 20-055**

(Administration & City Council Bills)

SPONSOR: Finance & Administration - RISK MANAGEMENT

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations _____

Provide Name: _____ Twane Duckworth or Bibinia Centeno _____

Contact Number: 904 255-7735/904 255-5311

Email Address: Twaned@coj.net or Bcenteno@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 legislation is necessary to appropriate the funding as described below: 1. To increase FY 2020 budget for AFRM581MI - Misc. Insured Programs for Sub object 04519 - Premium Paid-Property by $ 1,144,979.00, 04521 - Excess WC Policy by $5,679; 045; 04560 - Out of State Auto Liab by $28,910 and 04564 - Excess GL Policy by $22,275.00. Total budget increases for AFRM581MIof $1,201,843. 2. To increase FY 20 budget for AFRM581AD - Risk Management Administration for Sub object 03109 - Professional Services by $ 160,000. The increase is to extend the contract from June 30, 2020 to September 30,2020 and for additional maintenance needed for the new Risk Management System - Origami.   Budgeted amount is lower than the actual expenses.

APPROPRIATION: Total Amount Appropriated: _____ $1,361,843.00   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:	Amount:
	To:	Amount:

Name of City of Jacksonville Funding Source(s):	From: Subfund 561 - Retained Earnings	Amount: 1,361,843.00
	To: Subfund 561 - Self Insurance (various)	Amount: 1,361,843.00

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.)

> 1. To increase FY 2020 budget for AFRM581MI - Misc. Insured Programs for Sub object 04519 - Premium Paid-Property by $ 1,144,979.00, 04521 - Excess WC Policy by $5,679; 045; 04560 - Out of State Auto Liab by $28,910 and 04564 - Excess GL Policy by $22,275.00. Total budget increases for AFRM581MIof $1,201,843.
> 2. To increase FY 20 budget for AFRM581AD - Risk Management Administration for Sub object 03109 - Professional Services by $ 160,000. The increase is to extend the contract from June 30, 2020 to September 30,2020 and for additional maintenance needed for the new Risk Management System - Origami.   The Insured Program(581) NC Transfer from Retained Earnings will be used to fund the request.

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

ACTION ITEMS:	Yes	No	
Emergency?		x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?		x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?		x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?		x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?		x	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?	x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		x	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?		x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	x		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. Section 128

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?		x	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?		x	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?		x	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
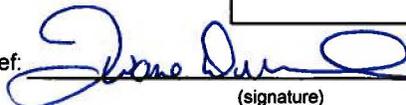
Division Chief: _[signature]_   Date: 2/3/20
(signature)

Prepared By: _[signature]_   Date: 2/03/20
(signature)

    Rev. 8/2/2016 (CLB RM)

ADMINISTRATIVE TRANSMITTAL

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

Thru: Twane Duckworth, Risk Manager , Finance
        _____
        (Name, Job Title, Department)
        Phone: 904 255-7735   E-mail: TwaneD@coj.net

From: Bibinia Centeno, Financial & Admin. Mgr., Finance
        Initiating Department Representative (Name, Job Title, Department)
        Phone: 904 255-5311   E-mail: Bcenteno@coj.net

Primary   Bibinia Centeno
Contact: _____
          (Name, Job Title, Department)
          Phone: 904 255-5311   E-mail: Bcenteno@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
        904 255-5013   E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
        Phone: 904 255-5055   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, Director of Intergovernmental Affairs, Office of the Mayor
        904 255-5013   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**

	Yes	No	
Boards Action / Resolution?		x	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Rev. 8/2/2016 (CLB RM)