

## LEGISLATIVE FACT SHEET

DATE: 06/09/20

BT or RC No: N/A  
(Administration & City Council Bills)

SPONSOR: Mayors Office  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Jordan Elsbury

Provide Name: Leeann Krieg

Contact Number: (904) 255-5015

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

Funds already appropriated. This legislation defines the list of entities which will receive the first \$16,548,162.10 in funding from the previously appropriated \$20 million CARES Act ordinance 2020-0235-E. See that ordinance for more detail.

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: CARES ACT FUNDS (NON DEPT EXPENDITURES)	Amount: _____
	To: VARIOUS ENTITIES SHOWN ON EXHIBIT A TO ORD	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.)

Funds already appropriated in 2020-0235-E
---

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

One Cycle Emergency requested to help entities who have been impacted by COVID-19.

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:

	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: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Jordan Elsbury, Director of Intergovernmental Affairs

(Name, Job Title, Department)

Phone: 904-255-5013

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

From: Leeann Krieg

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 255-5015

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

Primary Contact: Jordan Elsbury

(Name, Job Title, Department)

Phone: 904-255-5013

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

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

Phone: 904-255-5013

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: \_\_\_\_\_

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, Intergovernmental Affairs Liaison, Office of the Mayor

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**