## **LEGISLATIVE FACT SHEET**

DATE: 10/07/20	BT or RC No:
	(Administration & City Council Bills)
SPONSOR: Introduced by	the Council President at the request of the Office of General Counsel
	(Department/Division/Agency/Council Member)
Contact for all inquiries and pre-	sentation Office of General Counsel
Provide Name:	Jon Phillips or Rita Mairs
Contact Number:	(904) 255-5063; (904) 614-4187
Email Address:	MairsR@coj.net
PURPOSE: White Paper (Explain Why this Research will complete this form for Counci (Minimum of 350 words - Maximu	legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council I introduced legislation and the Administration is responsible for all other legislation. m of 1 page.)
Jacksonville and the Jacksonville Polic Jacksonville Police and Fire Pension F 2020 on Plaintiff and Defendants' Motic	council of a settlement of pending litigation between John Keane and the City of the and Fire Pension Fund Board of Trustees relating to the legality of the fund Board Senior Staff Voluntary Retirement Plan. Following a hearing on May 28, ons for Summary Judgment, the Court ruled that the PFPF Board had the authority tirement Plan. As a result, a mediation was held and all parties agreed to a on.

APPROPRIATION: Total A		N/A as follows:
List the source <u>name</u> and pr	ovide Object and Subobject Nu	mbers for each category listed below:
(Name of Fund as it will appear in	title of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	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.)

Possuse the testing interference eleien against	45 - 020 - 12 - 12 - 12 - 12 - 12 - 12 - 1
Because the tortious interference claim against	the City is a risk covered by the City's Self-
Insurance Program, the payment of the City's s	ettlement amount of \$125,000.00 is provided
for by the general liability Self-Insurance Progra	am funds.
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ACTION ITEMS Days (OL 1111 (178)	
ACTION ITEMS: Purpose / Check List. If "Yes" ple	ase provide detail by attaching justification, and
code provisions for each.	
ACTION ITEMS: Yes No	~
Fmorgopous Justification of Em	ergency: If yes, explanation must include detailed nature of
Emergency? X Sustification of Emergency.	
Vi Vi	
Federal or State Explanation: If yes	, explanation must include detailed nature of mandate
Mandate? X including Statute o	
Morrosite :	
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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
	V.
CIP Amendment? X  Contract / Agreement Approval? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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?	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.
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ACTION ITEMS CONTINUED: Pur justification, and code provisions fo	pose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No  Continuation of Grant?	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?

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Surplus Property  Certification?	x	Attachment: If yes, attach approp	riate form(s).
Reporting Requirements?	X	and frequency of reports, including	ding City Council / Auditor) to receive reports g when reports are due. Provide e and telephone number) responsible for
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			W:
Division Chief:	m		Date: 10/7/20
Prepared By:	M	(signature)	Date: 10/7/2 •
		(signature)	

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, Budget Office, St. James Suite 325			
Thru:				
	(Name, Job Title, Department)			
	Phone: E-mail:			
From:				
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: E-mail:			
Primary				
Contact:	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	LeAnn Krieg, Director of Intergovernmental Affairs, Office of the Mayor			
	904-255-5015 E-mail: <u>leeannk@coj.net</u>			
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
<b>T</b> = :				
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
	Phone: (904) 255-5055			
From:	Rita M. Mairs, Office of General Counsel			
	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: (904) 255-5063 E-mail: <u>MairsR@coj.net</u>			
Primary	Jon Phillips or Rita M. Mairs, Office of General Counsel			
Contact:	(Name, Job Title, Department)			
	Phone: 255-5063 E-mail: MairsR@coj.net			
CC:	LeAnn Krieg, Director of Intergovernmental Affairs, Office of the Mayor			
	904-255-5015 E-mail: <u>leeannk@coj.net</u>			
Logislotic	on from Indopendent Agencies requires a resolution from the last and the Agency D			
	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.			
• •	dent Agency Action Item: Yes No			
-	Attachment: If yes, attach appropriate documentation. If no,			
	when is board action scheduled?			
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