

LEGISLATIVE FACT SHEET

DATE: 02/10/21

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

SPONSOR: Mayor's Office
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Stephanie Burch

Provide Name: Stephanie Burch

Contact Number: 904-255-5034

Email Address: stephanieb@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 funds are to be utilized by the Florida Department of Health in Duval County to support ongoing COVID-19 response efforts. This may include interviewing, evaluating, and monitoring clients as well as providing education, guidance and isolation/quarantine parameters. Funds may also be used to support ongoing COVID-19 vaccination planning and distribution efforts and other health related needs.

APPROPRIATION: Total Amount Appropriated \$100,000.00 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: General Fund - Fund Balance	Amount: \$100,000.00
	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.)

<p>The funds are to be utilized by the Florida Department of Health in Duval County to support ongoing COVID-19 response efforts. This may include interviewing, evaluating, and monitoring clients as well as providing education, guidance and isolation/quarantine parameters. Funds may also be used to support ongoing COVID-19 vaccination planning and distribution efforts and other health related needs.</p>
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

Yes No

Emergency?

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

The Department of Health requires additional immediate funding to continue to deliver on critical services to our citizens in response to COVID-19 and other health related needs.

Federal or State
Mandate?

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year
Carryover?

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

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement
Approval?

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?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

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.

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"/>

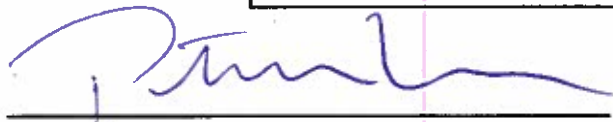
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

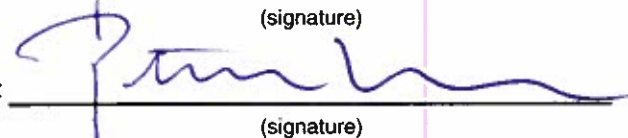
Attachment: If yes, attach appropriate form(s).

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

The Department of Health shall submit a detailed summary of expenditures, including invoices, to the Director of Finance and Administration.

Division Chief: 
(signature)

Date: 3/20/21

Prepared By: 
(signature)

Date: 3/2/21

ADMINISTRATIVE TRANSMITTAL

To: MBRC

Thru: Leeann Krieg, Director Intergovernmental Affairs
(Name, Job Title, Department)
Phone: 904-255-5015 E-mail: leeannk@coj.net

From: Stephanie Burch
Initiating Department Representative (Name, Job Title, Department)
Phone: (904) 255-5034 E-mail: stephanieb@coj.net

Primary Contact: Stephanie Burch
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: _____
Phone: _____ E-mail: _____

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

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