## **LEGISLATIVE FACT SHEET**

DATE:	07/13/21	BT or RC No: (Administration & City Coun	121-09 ncil Bills)
SPONSOR:	Finance and Administration (De	on partment/Division/Agency/Council Membe	er)
Contact for all in	quiries and presentations	Joey Greive	
Provide Name:		Joey Greive	
Contac	t Number: (904) 255-5354		
Email /	Address: <u>pgreive@coj.net</u>		
Research will complete	per (Explain Why this legislation is necessity the state of the state	cessary? Provide; Who, What, When, Where, Hestation and the Administration is responsible for	low and the Impact.) Council rall other legislation.
address critical need budget bills and add safety, security, well include: \$50 million time and recurring purchallenges, \$11.5 m security improvements	ds identified during the FY '22 bud Iresses critcal infrastructure and r I-being and infrastructure while al- for septic tank phaseout, \$24 mill remium pay through collective ba illion for public safety communica nts, JSO and JFRD enhancement	of the City's first round of American Reddget process. This legislation will run concrake operational enhancements designed so driving the local economic recovery. Notion for roadway resurfacing, \$40 million congaining to recruit and retain amidst pandations replacements, \$3 million for various ts, \$4.7 million for additional UF Health const to homelessness reduction and avoidar	current with the annual d to improve public health, otable appropriations ontingency for various one- lemic-caused labor market in network upgrades and ontributions as out local

\* 141, 897, 895.00

APPROPRIATION: Total Amount Appropriated \$141,847,895.00 as follows:

List the source <u>name</u> 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	From: ARP Act	Amount: <del>\$141,847,895.00</del>
	To: Various uses	Amount: \$141,847,895.00
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	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.)

This legislation accepts and appropriates \$141,847,895 of the City's first round of American Recovery Plan funding to address critical needs identified during the FY '22 budget process. This legislation will run concurrent with the annual budget bills and addresses critical infrastructure and make operational enhancements designed to improve public health, safety, security, well-being and infrastructure while also driving the local economic recovery. Notable appropriations include: \$50 million for septic tank phaseout, \$24 million for roadway resurfacing, \$40 million contingency for various one-time and recurring premium pay through collective bargaining to recruit and retain amidst pandemic-caused labor market challenges, \$11.5 million for public safety communications replacements, \$3 million for various network upgrades and security improvements, JSO and JFRD enhancements, \$4.7 million for additional UF Health contributions as out local county hospital provider, and \$4 million of contributions to homelessness reduction and avoidance measures through affordable housing.

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

ACTION ITEMS:	Yes No	
Emergency?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.  Duval County is required to provide for a County Hospital.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? 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
Approvaii		negotiations are on-going and with whom. Has OGC reviewed / drafted?  OGC to draft grant/interlocal agreements with recipients.
Related RC/BT? Waiver of Code?	X	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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.  2021-504 and related budget ordinances will fund this agreement
		<u> </u>

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

ACTION HEMS: Y	<u>'es No</u>	
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? Reporting Requirements?	x	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 reporting requirements will be inculded such that we may satisfy reporting from an entity receiving ARP funding as a subrecipient.
Division Chief:	m	(signature)
Prepared By:	m	(signature) Date: 7/14/2

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Teresa Eichner, Budget Office, St. James Suite 325		
Thru:	Jordan Elsbury		
	(Name, Job Title, Department)		
	Phone: (904) 255-5013 E-mail: <u>jelsbury@coj.net</u>		
From:	Joey Greive		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: (904) 255-5354 E-mail: <u>pgreive@coj.net</u>		
Primary	Jordan Elsbury		
Contact:	(Name, Job Title, Department)		
	Phone: (904) 255-5013		
CC:			
	Phone: E-mail:		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
10.	Phone: 904-630-4647 E-mail: psidman@coj.net		
From:			
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer		
<b>D</b> :	Phone: E-mail:		
Primary Contact:			
Contact.	(Name, Job Title, Department)		
	Phone: E-mail:		
CC:	Jordan Elsbury, Chief of Staff		
	Phone: 904-255-5013 E-mail: jelsbury@coj.net		
	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.		
Independ	dent Agency Action Item: Yes No		
E	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		
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## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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