LEGISLATIVE FACT SHEET

DATE:	09/07/21	BT or RC No:
	_	(Administration & City Council Bills)
SPONSOR:	Mayor	
	(De	partment/Division/Agency/Council Member)
Contact for all in	quiries and presentations	Office of General Counsel
Provide Name:		Tiffiny Pinkstaff
Contac	t Number:	255-5072
Email <i>i</i>	Address: <u>tr</u>	vinkstaff@coj.net
		essary? Provide; Who, What, When, Where, How and the Impact.) Council
		slation and the Administration is responsible for all other legislation.
	words - Maximum of 1 page.)	rt lawsuit against opioid manufacturers and distributors, which was
subsequently remov	ved to federal court and consolida	ted by the Mulit-District Litigation Panel into the matter styled <u>In re:</u>
		The litigation has been stayed as to all MDL parties until such time ates and the numerous opioid defendants. The State of Florida is
		erisourceBergen and Cardinal Health (the "Big 3 Distributors"), as well
		on payout to Florida over approximately 18 years. In anticipation of
	·	nified allocation plan for all of its counties and municipalites, which standing (referred to as the "Florida Plan" and attached to the
Ordinance as Exhib	it 1). This Ordinance provides the	requisite authority for the City to support the Florida Plan and to take
such further action	as is necessary to participate in th	e Florida Plan.

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APPROPRIATION: Total Ar		as follows:
·	ovide Object and Subobject Numbers for each o	ategory listed below:
(Name of Fund as it will appear in ti	itle of legislation) T	
Name of Federal Funding Source(s)	From:	Amount:
Turne 311 Sustain 22	To:	Amount:
	Ī_	
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:
Explain: Where are the funds comi the funding for a specific time frame	ROPRIATION / FINANCIAL IMPACT / OTHER: ing from, going to, how will the funds be used? Does the fe? Will there be an ongoing maintenance? and staffing icipated post-construction operation costs.	funding require a match? Is
N/A	1 page.)	

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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?	х		Justification of Emergency: If yes, explanation must include detailed nature of
1			emergency. On August 13, 2021, the State of Florida set a deadline of September 30, 2021 for passage of this legislation.
Federal or State Mandate?		х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?		х	Note: If yes, note must include explanation of all-year subfund carryover language.
- ,			
CIP Amendment? Contract / Agreement Approval?		х	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+G54	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
1			Code Deference: If you identify code in how below and provide detailed
Code Exception?		х	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.

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

ACTION ITEMS: Continuation of Grant?		No 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?
Reporting X (include the control of			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 reports.
Division Chief:			Date:
Prepared By:			(signature) Date:

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325		
Thru:	Brian Hughes, CAO, Mayor's Office		
	(Name, Job Title, Department)		
	Phone: 255-5012	E-mail: <u>hughesb@coj.net</u>	
From:	Stephanie Burch, Deputy CAO, Mayor's Office		
	Initiating Department Representative (Na	ame, Job Title, Department)	
	Phone: 255-5034	E-mail: stephanieb@coj.net	
Primary	Stephanie Burch, Deputy CAO, Mayor's Of	fice	
Contact:	(Name, Job Title, Department)		
	Phone: 255-5034	E-mail: stephanieb@coj.net	
CC:	Leeann Krieg, Director of Intergo	vernmental Affairs, Office of the Mayor	
	Phone: 255-5015	E-mail: <u>leeannk@coj.net</u>	
COUN	CIL MEMBER / INDEPENDENT A	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
_			
To:	Peggy Sidman, Office of General		
	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)		
		E-mail:	
CC:	Leeann Krieg, Director of Intergo	vernmental Affairs, Office of the Mayor	
		E-mail: leeannk@coj.net	
-		quires a resolution from the Independent Agency Board	
	g the legislation.	No	
•	dent Agency Action Item: Yes	No Attachment: If yes, attach appropriate documentation. If no,	
E	Boards Action / Resolution?	when is board action scheduled?	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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