## LEGISLATIVE FACT SHEET

| DATE:                  | 10/13/21   | BT o  | or RC No:  |  |  |  |
|------------------------|--|---|--|--|--|--|
|                        | · · · · · · · · · · · · · · · · · · ·  | (Administration   | on & City Council Bills)   |  |  |  |
|                        |  |   |  |  |  |  |
| SPONS                  | SOR.   | Neighborhoods Department/Enviror  | mental Quality Division  |  |  |  |
| 01 0140                |  | (Department/Division/Agency/Council Member)   |  |  |  |  |
|                        |  |   |  |  |  |  |
| Contact                | t for all inquiries and p  | resentation: Melis  | sa M. Long, P.E.   |  |  |  |
| Provide                | Name:  | Melissa M. Long, I  | P.E  |  |  |  |
|                        | Contact Number:  | (904) 255-7101  |  |  |  |  |
|                        | Email Address:   | MelissaL@coj.net  | <u></u>  |  |  |  |
| Research               | E: White Paper (Explain Why to<br>will complete this form for Cou<br>Im of 350 words - Maxin | nis legislation is necessary? Provide; Who, What, ncil introduced legislation and the Administration in turn of 1 page.)                    | When, Where, How and the Impact.) Council s responsible for all other legislation. |  |  |  |
| City of Ja<br>EQD will | icksonville, Environmental   | reement between the Florida Department of Quality Division (EQD). The agreement estate air quality of the City of Jacksonville in according | blishes the basis upon which FDEP and  |  |  |  |
| List the               | PRIATION: Total An source name and pro   | vide Object and Subobject Numbers   | as follows: for each category listed below:  |  |  |  |
| (Name of               | Turia ao it vill appear in t   |   | A  |  |  |  |
| Name of I              | Federal Funding Source(s)  | From:   | Amount:  |  |  |  |
|                        |  | То:   | Amount:  |  |  |  |
|                        | St. 1. 5 5 Sauce (5).  | From:   | Amount:  |  |  |  |
| Name or                | State Funding Source(s):   | То:   | Amount:  |  |  |  |
|                        |  |   |  |  |  |  |
| Name of                | City of Jacksonville Fundir  | From:   | Amount:  |  |  |  |
|                        |  | To:   | Amount:  |  |  |  |
|                        |  | From:   | Amount:  |  |  |  |
| Name of                | In-Kind Contribution(s):   | To:   | Amount:  |  |  |  |
|                        |  |   |  |  |  |  |
|                        | Number of Bond   | From:   | Amount:  |  |  |  |
| Account(               | S):  | To:   | Amount:  |  |  |  |

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## 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.) N/A ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** Х emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate? Fiscal Year Note: If yes, note must include explanation of all-year subfund carryover language. Carryover? Attachment: If yes, attach appropriate CIP form(s). Include justification for **CIP Amendment?** mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name Contract / Agreement of Department (and contact name) that will provide oversight. Indicate if Approval? negotiations are on-going and with whom. Has OGC reviewed / drafted? Melissa M. Long, P.E., and Michael C. Williams, P.E., will provide oversight. OGC has reviewed the agreement. Related RC/BT? Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide Waiver of Code? detailed explanation (including impacts) within white paper. Code Reference: If yes, identify code in box below and provide detailed Code Exception? explanation (including impacts) within white paper. Code Reference: If yes, identify related code section(s) and ordinance Related Enacted reference number in the box below and provide detailed explanation and any Ordinances?

1197; 2010-0601; and 2016-158E.

changes necessary within white paper.

The City entered into this agreement in 1994 - Ordinance 1994-0766. The agreement has been renewed via Ordinances 1997-2021, 2001-0971; 2006ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACTION  | ITEMS:  | Yes      | No         |                        |                        |   |                |  |
|---|---|----------|------------|------------------------|------------------------|---|----------------|--|
| Co  | ntinuation of<br>Grant?   |          | x          | Is the funding for a s | specific time frame an | Does the funding red<br>d/or multi-year? If mu<br>ations for the General      | lti-year, note |  |
| Č   | olus Property<br>Certification?<br>Reporting<br>equirements?          |          | ×          | Explanation: List ag   | ports, including when  | rm(s).  / Council / Auditor) to reports are due. Provinber) responsible for g | ide Department |  |
| Division Chief: Mulusa M. Long Date: 10/13/2021 |   |          |            |                        |                        |   |                |  |
| Prepared By: Date: Date:                        |   |          |            |                        |                        |   |                |  |
|   |   |          | <u>A</u> [ | <u>OMINISTRATIVE</u>   | TRANSMITTAL            |   |                |  |
| То:   | MBRC, c/o J   | lasmine  | e Jorda    | n, Budget Office,      | St. James Suite 3      | 325   |                |  |
| Thru:   | Bryan Mosier, Neighborhoods Department                                |          |            |                        |                        |   |                |  |
|   | (Name, Job Tit  | e, Depa  | rtment)    |                        |                        |   |                |  |
|   | Phone:  | 255-89   | 902        | _ E-mail:              | <u>Bn</u>              | nosier@coj.net  |                |  |
| From:   | Melissa M. Long, P.E., Division Chief, Environmental Quality Division |          |            |                        |                        |   |                |  |
|   | Initiating Department Representative (Name, Job Title, Department)    |          |            |                        |                        |   |                |  |
|   | Phone:  | 255-7    | 101        | _                      | <u>Me</u>              | lissaL@coj.net  |                |  |
| Primary   | Melissa M. Long, P.E., Division Chief, Environmental Quality Division |          |            |                        |                        |   |                |  |
| Contact:  | (Name, Job Tit  | le, Depa | rtment)    |                        |                        |   |                |  |
|   | Phone:  | 255-7    | 101        | _ E-mail:              | <u>Me</u>              | lissaL@coj.net  |                |  |
| CC:   | Leann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor   |          |            |                        |                        |   |                |  |
|   | Phone:  | 255-5    | 015        | E-mail:                | leannk@coj.net         |   |                |  |

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

| Io:                  | Peggy Si  | Peggy Sidman, Office of General Counsel, St. James Suite 480        |           |  |  |  |  |  |  |
|----------------------|---|---|-----------|--|--|--|--|--|--|
|                      | Phone: _  | 904-630-4647  | E-mail: _ | psidman@coj.net  |  |  |  |  |  |
| From:                | Council Member Ron Salem  |   |           |  |  |  |  |  |  |
|                      | Initiating Council Member / Independent Agency / Constitutional Officer |   |           |  |  |  |  |  |  |
|                      | Phone:  |   | E-mail:   |  |  |  |  |  |  |
| Primary              |   |   |           |  |  |  |  |  |  |
| Contact:             | (Name, Job Title, Department)   |   |           |  |  |  |  |  |  |
|                      | Phone: _  | W.  | E-mail: _ |  |  |  |  |  |  |
| CC:                  | Leann Kr  | Leann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor |           |  |  |  |  |  |  |
|                      | Phone:  | 255-5015  | E-mail:   | leannk@coj.net   |  |  |  |  |  |
| approvin<br>Independ | ng the legis<br>dent Ageno  | slation.  | (es No    | resolution from the Independent Agency Board  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled? |  |  |  |  |  |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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