LEGISLATIVE FACT SHEET

DATE:	11/03/21		В	T or RC No:		N/A
			(Administ	ration & City Co	uncil Bills)	
SPONSOR:	Mayor's O	ffice				
SPONSON.	Mayor 5 O		tment/Division/Agend	cv/Council Memb	per)	
		(2.5)		- J, C	,	
Contact for all in	quiries and p	resentations		Brian Hugh	es	
Provide Name:			Brian Hugh	nes		
Contac	ct Number:	90	04-255-5012			
Email A	Address:	<u>hug</u>	hesb@coj.net			
•	e this form for Cou	his legislation is necess incil introduced legislati num of 1 page.)	•			
This legislation auth	orizes a Comme nergy saving pro	ercial Property Asses operty improvements				
		nount Appropriate				
APPROPRIATION: Total Amo				\$0.00	as follow	
_		vide Object and	Subobject Numb	ers for each c	ategory iis	sted below:
(Name of Fund as it	will appear in tit	le of legislation)				
Name of Federal Fu	nding Source(s):	From:			Amount:	
		То:			Amount:	
		From:			Amount:	
Name of State Fund	ling Source(s):	То:			Amount:	
Name of City of Jac	ksonville	From:		_	Amount:	
Funding Source(s):		То:			Amount:	
Name : 61 - 161 - 162	Lille - J · · · / · ·	From:			Amount:	
Name of In-Kind Co	กเกิดน์เอท(s):	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.)

The funds for the complete cost of the program will be paid directly by the Hospitals assessed. The funds will be paid directly into a special fund to be identified as the "Local Provider Participation Fund." The funds will be directly transferred to the Agency for Health Care Administration through an intergovernmental transfer. The funding is for

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

ACTION ITEMS: Emergency?	Yes	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?		X	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.
, <u> </u>	
CIP Amendment? X	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? 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. Ordinance will create a new chapter Chapter 344 - Commercial Property
	Assessed Clean Energy Program (C-PACE)
ACTION ITEMS CONTINUED: Pu justification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching or each.
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?
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	х	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. Reports will be submitted to the Mayor's designee providing specific			
		information about the number of savings, as well as energy audi	f projects, the types of projects		
Division Chief:	Gaby `	Young (signature)	Date	: 11/3/2021	
Prepared By:	Т	risha Bowles (signature)	Date	: 11/3/2021	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, Budget Office, St. James Suite 325			
Thru:	N/A			
	(Name, Job Title, Department)			
	Phone: E-mail:			
From:	N/A			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: E-mail:			
Primary	N/A			
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			
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
	Phone: (904) 255-5055 E-mail: <u>psidman@coj.net</u>			
From:				
	Initiating Council Member / Independent Agency / Constitutional Officer			
	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: leeannk@coj.net			
•	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,			
E	Boards Action / Resolution? X Machinett. If yes, attach appropriate documentation. If he, when is board action scheduled?			