

LEGISLATIVE FACT SHEET

DATE: June 20, 2011

BT OR RC NUMBER: ~~_____~~
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Administration and Finance
PURPOSE/SUMMARY: Enter into a distribution agreement with Shands Jacksonville and to execute Letters of Agreement with the State of Florida Agency for Health Care Administration, both concerning payment and distribution of Indigent Health Care Funds provided by the City. Sections 409.991, 409.9113-409.9114, Florida Statutes authorize the distribution of State money appropriated from their Public Medical Assistance Trust Fund to go to hospitals providing a disproportionate share of Medicaid or charity care services. This program allows the City funds to draw down additional funds for provision of indigent medical care.

APPROPRIATION : Total Amount Appropriated: \$ ^{23,775,594} _____ as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: General Fund _____ Amount: \$ ^{23,775,594} _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: Annual contract with State

ACTION ITEMS:

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	_____
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u> No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___ No <u>X</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes ___ No <u>X</u>	Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Administrative Aide - MA
Mayor's Office, Fourth Floor, City Hall at St. James

From: C. Roland Belton, Assistant to the Mayor, Chief Financial Officer
(Name, Job Title, Department)

Phone: 630-4999 Fax: _____ E-mail: rbelton@coj.net

Contact person: Judith Garard, Finance & Admin Manager, Treasury
(Name, Job Title, Department)

Phone: 630-5207 Fax: _____ E-mail: jgarard@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED