

# LEGISLATIVE FACT SHEET

DATE: September 17, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member):  
Employee Services Department

**PURPOSE/SUMMARY:**

Legislative approval of the ratified 10/01/2012 – 9/30/2015 collective bargaining agreement between the City of Jacksonville and Local 122 of the International Association of Firefighters (IAFF) for the District Chiefs bargaining unit.

APPROPRIATION: Total Amount Appropriated: \$ \_\_\_\_\_ 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: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

The financial impact of the proposed agreement is within the parameters of anticipated budgets.

**ACTION ITEMS:**

Emergency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Justification: Alignment with Fiscal Year
Federal or State Mandates	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Chapter 447 FS</u>
Fiscal Year Carryover?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
CIP Amendment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(Attach a copy only)
C/A negotiations on-going?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Oversight Department Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name of Dept. _____
Related RC? /BT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Code Exception?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Continuation Grant?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Surplus Property Certification?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date _____ Frequency _____

**ADMINISTRATION TRANSMITTAL**

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

cc: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Derrel Chatmon, Deputy of Labor & Employment, Office of General Counsel  
(Name, Job Title, Department)  
Phone: 630-1719 Fax: 630-1316 E-mail: dchatmon@coj.net

Contact Person: Derrel Chatmon, Deputy of Labor & Employment, Office of General Counsel  
(Name, Job Title, Department)  
Phone: 630-1719 Fax: 630-1316 E-mail: dchatmon@coj.net

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**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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**