

**LEGISLATIVE FACT SHEET**

2014-0479

DATE: 03/12/14

BT or RC No: BT 14-068  
(Administration Bills)

SPONSOR: EMPLOYEE SERVICES / COMPENSATION AND BENEFITS  
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

**Per the City's contractual agreement with Blue Cross Blue Shield of Florida, BCBSFL gave a check to the City for the amount of \$200,000 for City's 2013 Wellness program. This BT is to appropriate funds to our Wellness Fund's expenditure for future expenditures (i.e gym build out, wellness equipment, wellness programs and other wellness related expenditures). Subfund 1H9 is an all years subfund so it will automatically carry forward all activity year to year.**

APPROPRIATION: Total Amount Appropriated: **\$200,000.00** 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: CONTRIBUTION FROM PRIVATE SOURCES Amount: \$200,000.00  
Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

IMPACT - FINANCIAL / OTHER:

**There is no impact**

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: **MARY DIPERNA, Benefits Administrator, Employee Services**

(Name, Job Title, Department)

Phone: 630-1212 ext 6719

E-mail: mdiperna@coj.net

Contact **TITO ARCEO, Accountant Senior, Employee Services**

Person: (Name, Job Title, Department)

Phone: 630-1212 ext 3009

E-mail: tarceo@coj.net

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

---

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