

**LEGISLATIVE FACT SHEET**

DATE: 02/16/17

RC 17-127  
BT or RC No: BT-17-073  
(Administration & City Council Bills)

SPONSOR: Office of General Counsel  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Office of General Counsel, St. James Suite 480

Provide Name: Peggy Sidman

Contact Number: 904-630-4647

Email Address: psidman@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

To appropriate ~~\$26,275~~ to fund salaries and benefits for four (4) full time positions to support legal services to the Duval County School Board (DCSB). Specifically one (1) Attorney IV, one (1) Attorney III, one (1) Attorney II, and one (1) Paralegal/Legal Assistant. Funds will be provided via an independent authority revenue transfer from the DCSB. The purpose of the appropriation is to increase to Office of General Counsel employee cap by four (4) for legal representation and administrative needs associated with the DCSB. Continuing salaries and benefits will be budgeted in the fiscal year 2017/18 budget ordinance and in the following fiscal years. Related RC17- 127.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ as follows:  
 List the source **name** and provide Object and Subobject Numbers for each category listed below:

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

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: Duval County School Board (DCSB)	Amount: \$ 261,275
	Subfund 551/Office of General Counsel/ Independent Authority - Internal Service	Amount: \$ 261,275
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	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.)

Funding for four (4) employees salaries and benefits will be coming from the Duval County School Board for legal representation and administrative needs associated with the DCSB. Funding will allow General Counsel to hire one (1) Attorney IV, one (1) Attorney III, one (1) Attorney II, and one (1) Paralegal/Legal Assistant. There is no funding match requirement. Funding is prorated for six (6) months of the 2016/17 fiscal year. Continuing salaries and benefits will be budgeted in the fiscal year 2017/18 budget ordinance and in the following fiscal years.

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

	<b>Yes</b>	<b>No</b>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

CIP Amendment?

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?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

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.

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?

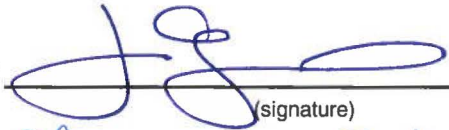
Surplus Property Certification?

Attachment: If yes, attach appropriate form(s).

Reporting Requirements?

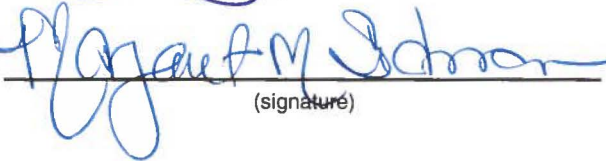
Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief:

  
\_\_\_\_\_  
(signature)

Date: 2/16/17

Prepared By:

  
\_\_\_\_\_  
(signature)

Date: 2/17/17

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: \_\_\_\_\_

(Name, Job Title, Department)

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

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

From: Jason Gabriel, General Counsel

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 630-1724

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

Primary Contact: Peggy Sidman

(Name, Job Title, Department)

Phone: 904-630-4647

E-mail: psidman@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: akshelton@coj.net

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

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

Phone: 904-630-4647

E-mail: psidman@coj.net

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

Initiating Council Member / Independent Agency / Constitutional Officer

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

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

Primary Contact: \_\_\_\_\_

(Name, Job Title, Department)

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

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

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: akshelton@coj.net

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

Independent Agency Action Item:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

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