LEGISLATIVE FACT SHEET

| DATE: | 03/27/17 | BT or RC No: | 2017- |
|---|---|---|-------------------------|
| | | (Administration & City Counci | l Bills) |
| | | | |
| SPONSOR: | | JEA | |
| | (De | epartment/Division/Agency/Council Member) | |
| Contact for all inq | uiries and presentations_ | Chief Human Resources | s Officer |
| Provide Name: | | Angelia Hiers | |
| Contact | Number: | 904-665-4747 | |
| Email Ad | ddress: | hierar@jea.com | |
| Research will complete t | | ecessary? Provide; Who, What, When, Where, Housislation and the Administration is responsible for a | |
| of State, County and I | | llective bargaining agreement between JEA a E), Florida Council 79, Local 429. | and American Federation |
| BACKGROUND: The current agreemer | nt between JEA and AFSCME | Council 79 expired on September 30, 2016. | The parties have met |
| | | rocess has recently been completed. AFSCM nent was approved by the bargaining unit em | |
| Significant changes to | the existing status quo includ | | 1 |
| Agreement to addressGeneral Base Pay IrLump Sum Payment | ncreases: Fiscal Year 2016/201 s: Fiscal Year 2016/2017 – 1% | rough September 30, 2019 y of Jacksonville General Employees' Pensic 17 – 2.5%; Fiscal Year 2017/2018 – 2.5% 20 6 lump sum payment; Fiscal Year 2017/2018 loyee contribution to GEPP from 8% to 10% | 18/2019 – 3% |
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| APPROPRIATION: Total A | mount Appropriated | as follows: |
|---|---|------------------------|
| List the source <u>name</u> and pro | ovide Object and Subobject Numbers for each | category listed below: |
| (Name of Fund as it will appear in t | itle of legislation) | |
| Name of Federal Funding Source(s | From: | Amount: |
| | To: | Amount: |
| Name of State Funding Source(s): | From: | Amount: |
| Training or Grand Farinaming Counces (6). | То: | Amount: |
| Name of City of Jacksonville | From: | Amount: |
| Funding Source(s): | То: | Amount: |
| Name of la Kind Contribution(a) | From: | Amount: |
| Name of In-Kind Contribution(s): | То: | Amount: |
| Name & Number of Bond Account(s): | From: | Amount: |
| | 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.) ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? Χ emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate

including Statute or Provision.

Mandate?

| Fiscal Year Carryover? | Х | Note: If yes, note must include explanation of all-year subfund carryover language. |
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| CIP Amendment? | × | Attachment: If yes, attach appropriate CIP form(s). Include justification for |
| Contract / Agreement | | mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if |
| Approval? X | | negotiations are on-going and with whom. Has OGC reviewed / drafted? |
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| | | |
| Related RC/BT? | Х | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | Х | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. |
| | | |
| Code Exception? | Х | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. |
| | | |
| Related Enacted Ordinances? | х | 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: justification, and code provision | | Dose / Check List. If "Yes" please provide detail by attaching each. |
| ACTION ITEMS: Yes | No | |
| Continuation of Grant? | х | 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? |
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| Surplus Property Certification? Reporting Requirements? | and frequency of reports, include | ropriate form(s). cluding City Council / Auditor) to receive reports ding when reports are due. Provide Department phone number) responsible for generating |
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| | | |
| Division Chief: | (signature) | Date: |
| Prepared By: | | Date: |
| | (signature) | |

ADMINISTRATIVE TRANSMITTAL

| To: | MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325 | | |
|----------|--|--|--|
| Thru: | | | |
| | (Name, Job Title, Department) | | |
| | Phone: E-mail: | | |
| From: | | | |
| | Initiating Department Representative (Name, Job Title, Department) | | |
| | 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 | | |
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| COUN | CIL 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: | Angelia Hiers, Chief Human Resources Officer, JEA | | |
| | Initiating Council Member / Independent Agency / Constitutional Officer | | |
| | Phone: 904-665-4747 E-mail: <u>hierar@jea.com</u> | | |
| Primary | Jody Brooks, Chief Legal Officer | | |
| Contact: | | | |
| | Phone: 904-665-6383 | | |
| CC: | Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor | | |
| | 904-630-1825 E-mail: akshelton@coj.net_ | | |
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| - | on from Independent Agencies requires a resolution from the Independent Agency Board | | |
| | g the legislation. dent Agency Action Item: Yes No | | |
| • | Boards Action / Resolution? X | | |
| | when is board action sorrounce: | | |
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