LEGISLATIVE FACT SHEET

| DATE: 03/27/1 | BT or RC No: 2017- | |
|---|---|------|
| | (Administration & City Council Bills) | |
| | | |
| SPONSOR: | JEA | |
| | (Department/Division/Agency/Council Member) | |
| | · · · · · · · · · · · · · · · · · · · | |
| Contact for all inquiries and | oresentations Chief Human Resources Officer | |
| Provide Name: | Angelia Hiers | |
| Contact Number: | 904-665-4747 | |
| Email Address: | hierar@jea.com | |
| | this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Coununcil introduced legislation and the Administration is responsible for all other legislation. $\frac{1}{1}$ | cil |
| Legislative approval of the 10/1/20 Association (JSA) BACKGROUND: The current agreement between JI parties have met extensively to ne a ratification vote on February 24, DISCUSSION: Significant changes to the existing Three year agreement effective 0 Agreement to address the current General Base Pay Increases: Fis 3.0%; Lump Sum Payments: Fiscal Year | 6 - 9/30/2019 collective bargaining agreement between JEA and JEA Supervisor's A and the JEA Supervisors Association (JSA) expired on September 30, 2016. The otiate a new agreement and the process has recently been completed. JSA conductors and the proposed agreement was approved by the bargaining unit employees. | cted |

| 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: |
| | То: | Amount: |
| Name of City of Jacksonville Funding Source(s): | From: | Amount: |
| | То: | Amount: |
| Name of In-Kind Contribution(s): | From: | Amount: |
| | 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? |
| | | |
| | | |
| | | |
| 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? | Explanation: List agencies (inc | Attachment: If yes, attach appropriate form(s). 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 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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