LEGISLATIVE FACT SHEET

DATE:	03/28/17	BT or RC No:
_		(Administration & City Council Bills)
SPONSO	R: Council President at	the request of the Mayor
		(Department/Division/Agency/Council Member)
Contact fo	or all inquiries and presentation	ons Director of Finance
Provide N	ame:	Michael Weinstein
(Contact Number:	(904) 630-7660
I	Email Address:	mweinstein@coj.net
Research will		n is necessary? Provide; Who, What, When, Where, How and the Impact.) Council ed legislation and the Administration is responsible for all other legislation.
Legislative a pension bet	approval of the tentative agreement	which modifies a collective bargaining agreement regarding wages and esented by the Jacksonville Supervisors Association (JSA) for a 3 year
	ent will facilitate the closure of the nd the currently underfunded Gene	defined benefit retirement plan and the enactment of the pension surtax, eral Employees Pension Fund.

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APPROPRIATION: Total Amount Appropriated as follows:					
List the source name 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:			
Ţ,	То:	Amount:			
	From:	Amount:			
Name of State Funding Source(s):	FIOIII.	Amount.			
	То:	Amount:			
Name of City of Jacksonville	From:	Amount:			
Funding Source(s):	То:	Amount:			
Name of In-Kind Contribution(s):	From:	Amount:			
Name of in-Kind Contribution(s).	То:	Amount:			
Name & Number of Bond Account(s):	From:	Amount:			
Account(s).	То:	Amount:			

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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.

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including Statute or Provision.

Explanation: If yes, explanation must include detailed nature of mandate

Federal or State

Mandate?

Fiscal Year Carryover?	X	Note: If yes, note must include explanation of all-year subfund carryover language.
, <u> </u>		
CIP Amendment?	Х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name
Contract / Agreement Approval?	x	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?	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.
<u></u>		
Code Exception?	X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	X	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 CONTINUITY justification, and code pr		pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Y	es No	
Continuation of Grant?	X	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?	Х	Attachment: If yes, attach appropriate form(s).

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Reporting Requirements?		Explanation: List agencies (inclu and frequency of reports, includii (include contact name and telepl	ng when reports are due. P	rovide Department
	L			
Division Chief:			Date:	
		(signature)		
Prepared By:			Date:	
		(signature)		

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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
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	Michael Weinstein, Director of Finance, Finance and Administration
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: 904-630-7660 E-mail: mweinstein@coj.net
Primary	Sean B. Granat, Deputy General Counsel, Office of General Counsel
Contact:	(Name, Job Title, Department)
	Phone: 904-630-1859 E-mail: sgranat@coj.net
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
Logialati	on from Independent Agencies requires a resolution from the Independent Agency Board
-	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.
	dent Agency Action Item: <u>Yes</u> <u>No</u>
E	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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