LEGISLATIVE FACT SHEET

DATE:	03/14/17	BT or RC No:	BT17-087 BT17- RC17-145
DATE.	03/14/17	(Administration & City Counc	
		,	,
SPONSO	OR: Planning and De	velopment Department / Building Inspection	ı Division
or orror	Training and Bo	(Department/Division/Agency/Council Membe	
Contact	for all inquiries and presen	tations	
Provide I		Thomas H. Goldsbury, P.E., C.B.O.	
	Contact Number:	255-8799	
	Email Address:	TomG@coj.net	
Research w (Minimun To incre Building and ben current i pick-up Division applicati Associa number 2017) av	ill complete this form for Council intro n of 350 words - Maximum of ease the employee cap for , and increase the Division refits for the four new institution fiscal year, and will fund trucks (Ford F-150) with has seen a significant in ions and inspection requition (NEFBA) projects no of building and roofing inveraged 9,349 inspection	station is necessary? Provide; Who, What, When, Where, Hooduced legislation and the Administration is responsible for f 1 page.) or the Division by four (4) Construction T on's budget by \$168,785.68. This increase pectors for a period of three months (Jucell phones, mifi service, laptops and lice associated funding for repairs, parts, oil associated funding for repairs, parts, oil associated funding four years. The Northew single family housing will continue to east over the last four months (Novens, compared to 7,857 inspections for the factors.) This is an increase of 1,492 inspections.	rades Inspectors - ase will fund salaries lly-September) this eenses, and 4 new I and gas. The ofing permit heast Florida Builders increase. The ember 2016-February he previous four
			-

APPROPRIATION: Total A	mount	Appropriated \$168,785.68	as follows:	
List the source <u>name</u> and pro	ovide (Object and Subobject Numbers for each	category listed	d below:
(Name of Fund as it will appear in t	itle of le	gislation)	_	
Name of Federal Funding Source(s)	From:		Amount:	
	То:		Amount:	
Name of State Funding Source(s):	From:		Amount:	
	То:		Amount:	
Name of City of Jacksonville	From:	Subfund 159 - Building Inspection - Cash Carryover	Amount:	\$168,785.68
Funding Source(s):	То:	Building Inspection Subfund 159 - Various	Amount:	\$168,785.68
Name of In-Kind Contribution(s):	From:		Amount:	
			Amount:	
Name & Number of Bond	From:		Amount:	
Account(s):			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.)

(Minimum of 350 words - Maximum of 1 page.)						
This funding is transferred from s	subfund 159 Building Inspections - Cash Carryover to various					
1	ubobjects within Building Inspection Division. This will fund 4					
, -	ner with cell phone, mifi service, laptops and licenses, and 4					
	port them in the field. This will fund the positions for three (3)					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	e purchase of the vehicles is a one-time purchase; all other					
costs will continue from year to year.						
•						
	·					
·						
ACTION ITEMS: Purpose / Check I code provisions for each.	List. If "Yes" please provide detail by attaching justification, and					
·						
ACTION ITEMS: Yes No						
Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of					
	emergency.					
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate					
Mandate? X	including Statute or Provision.					
Mandate:						

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement Approval? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 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? X Waiver of Code? X	Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted 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.
	urpose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions	for each.
ACTION ITEMS: Yes 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?	Attachment: If yes, attach appropriate form(s).

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Reporting X Requirements?	Explanation: List agencies (including City Co and frequency of reports, including when rep (include contact name and telephone number	orts are due. Provid	de Department
·			
Division Chief:	Lale Length	Date:	3/14/2017
Prepared By:	(signature) Maltogwer	Date:	3/14/2017

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	William B. Killingsworth, Director, Planning & Development Department			
	(Name, Job Title, Department)			
	Phone: 255-8311 E-mail: BillK@coj.net			
From:	Thomas H. Goldsbury, P.E., C.B.O., Chief, Building Inspection Division, Planning and Development Dep			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 255-8799 E-mail: TomG@coj.net			
Primary	Susan Saltgiver, Planning Services Manager, Planning and Development Department			
Contact:	(Name, Job Title, Department)			
	Phone: 255-7812 E-mail: susans@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akshelton@coj.net			
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
, 0.	Phone: 904-630-4647 E-mail: psidman@coj.net			
From:				
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: E-mail:			
Primary				
•	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
00.	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				
•	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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Building Inspectioon Division Estiamted Costs

for 4 New Building Inspector Positions

Item	IndexCode	Subobject	Amount	FTE	Comment
Salaries	PDBZ159BI	01201	\$ 39,576.00	4	4 positions for 3 months
Medicare Tax	PDBZ159BI	02102	\$ 573.85		4 positions for 3 months
Pension Contribution	PDBZ159BI	02201	\$ 3,059.22		4 positions for 3 months
Unfunded Liability	PDBZ159BI	02201B	\$ 11,500.79		4 positions for 3 months
Disab. Trust Fund-ER	PDBZ159BI	02207	\$ 118.73		4 positions for 3 months
Group Life Insurance	PDBZ159BI	02303	\$ 68.66		4 positions for 3 months
Group Hospital Ins.	PDBZ159BI	02304	\$ 6,756.43		4 positions for 3 months
ISA- Comp System Maint	PDBZ159BI	04203	\$ 5,112.00		
ISA-Wireless Communica	PDBZ159BI	04223	\$ 1,050.00		Cell phone & mifi service
ISA-Fleet Vehicle Repl	PDBZ159BI	04213	\$ 98,020.00		Pickup trucks-One-time
ISA-Fleet Repairs	PDBZ159BI	04216	\$ 750.00		Pickup trucks
ISA-Part/Oil/Gas	PDBZ159BI	04217	\$ 2,200.00		Pickup trucks
	Total		\$ 168,785.68		
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