

LEGISLATIVE FACT SHEET

DATE: 04/12/17

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Neighborhoods/Environmental Quality/Gas Storage Tank Inspection
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation _____

Provide Name: Melissa M. Long, P.E., Division Chief, EQD

Contact Number: (904) 255-7101

Email Address: MelissaL@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.)

The Environmental Quality Division (EQD) is requesting approval of a contract between the State of Florida Department of Environmental Protection, Petroleum Restoration Program, and the City of Jacksonville. The initial term of this contract shall begin on July 1, 2017 and will remain in effect until 2027. EQD will be provided a new Task Assignment each fiscal year through the end of the contract. For this reason, EQD staff are also requesting City Council's authorization for the Mayor, or his designee, to execute any extensions or amendments to the contract and subsequent Task Assignments as needed. This contract will provide funding for EQD personnel to continue to perform inspections of covered facilities to ensure compliance with State regulations relative to leak detection, upgrades, tank and distribution replacements and financial responsibility (insurance).

APPROPRIATION: Total Amount Appropriated N/A 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: _____	Amount: _____
	To: _____	Amount: _____
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 will be provided by the Florida Department of Environmental Protection with no General Fund contribution. This program has been in place since 1989 in Duval County. In 2016, EQD was assigned inspection responsibilities for program eligible sites in Nassau, Baker and St. Johns Counties as well.

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

ACTION ITEMS:

Emergency? Yes No

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

Federal or State Mandate? Yes No

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?

The Office of General Counsel, Jason Teal and Jeff Close, have reviewed and approved the draft contract. The Environmental Quality Division will oversee the contract.

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: Yes No

Continuation of Grant?

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?

This program is fully State-funded with no General Fund contribution. This contract will begin upon execution by both parties and shall remain in effect for a period of ten (10) years.

Surplus Property Certification?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Melissa M. Long
(signature)

Date: 4-13-17

Prepared By: Sandi Cassidy
(signature)

Date: 4/13/17

ADMINISTRATIVE TRANSMITTAL

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

Thru: Stephanie Burch, Esq., Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: StephanieB@coj.net

From: Melissa M. Long, P.E., Division Chief, EQD

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-7101

E-mail: MelissaL@coj.net

Primary

Melissa M. Long, P.E., Division Chief, Environmental Quality Division, Neighborhoods Department

Contact: (Name, Job Title, Department)

Phone: 255-7101

E-mail: MelissaL@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