# LEGISLATIVE FACT SHEET

DATE:	07/17/17	BT	or RC No:
		(Admi	inistration & City Council Bills)
SPONSOR:		Employee Service	es/ Compensation and Benefits
		the second s	ivision/Agency/Council Member)
Contact for all ir	iquiries and preser	ntations:	Bob Parr
Provide Name:	•		Bob Parr
Contact	Number:	(904) 630-7583	
Email Ac	Idress:	RParr@coj.net	
Research will complet	e this form for Council inte	roduced legislation and th	ovide; Who, What, When, Where, How and the Impact.) Council he Administration is responsible for all other legislation.
An audit of the Con		s Department in Decen	mber, 2016, found that the contracts the City has with cil (NFRC) and First Coast Workforce Development
Consortium (FCWE	C) to provide employe	e benefits to their empl	oloyees through the City's plan were extremely old and
Janury 1, 2015, the	se dated contracts do	not reflect the current b	5-23 years ago. Since the City became self-funded on business environment. Therefore, new contracts were
preapred for use wi	th the agencies listed a	above and are attached	d for review and approval.

## APPROPRIATION: Total Amount Appropriated:

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	From:	Amount:	None
Source(s):	То:	Amount:	
Name of State Funding	From:	Amount:	None
Source(s):	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	None
Funding Source(s):	To:	Amount:	
Name of In-Kind Contribution(s	From:	Amount:	None
	То:	Amount:	
Name & Number of Bond	From:	Amount:	None
Account(s):	То:	Amount:	

#### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

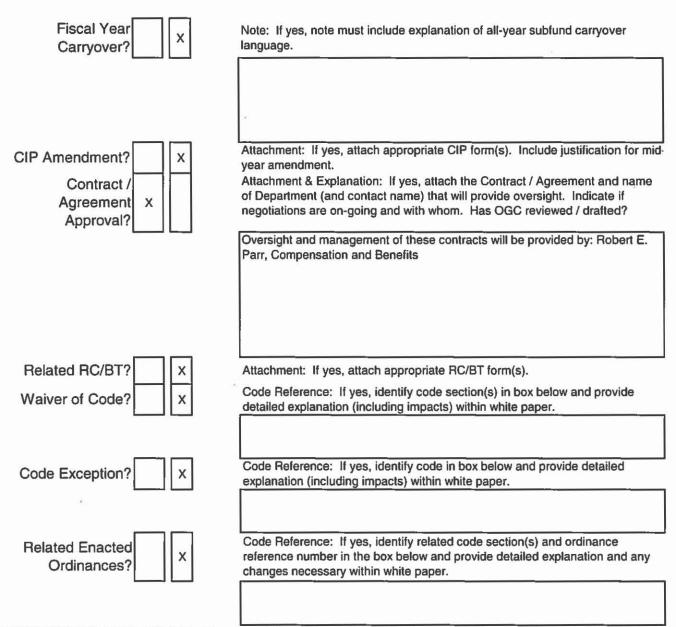
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

There is no financial impact to the City.

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

ACTION ITEMS: Yes No Emergency?	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.



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

х 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?

Surplus Property X Certification?	Attachment: If yes, attach appropriate form(s).
Reporting x Requirements?	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
Division Chief: Roberts	) Date: <u>7/11/17</u> signature)
Prepared By: Roberter	Date: 7/17/17

### ADMINISTRATIVE TRANSMITTAL

10:	MBHC, c/o Hoselyn Chall, Budget Office, St. James Suite 325				
Thru:	Bob Parr, Chief of Compensation & Benefits, ES Compensation & Benefits				
	(Name, Job Title, Department)				
	Phone: 630-7583	E-mail: <u>RParr@coj.net</u>			
From:	Same as above				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone:	E-mail:			
Prima	Same as above				
ry Conta	(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				

### **COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

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10:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone:	904-630-4647	E-mail:	psidman@coj.net		
From:						
	Initiating Cou	nitiating Council Member / Independent Agency / Constitutional Officer				
	Phone:		E-mail:			
Prima						
ry	(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?
 X
 Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

#### FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED