

# LEGISLATIVE FACT SHEET

DATE: 08/14/17

BT or RC No: BT17-138  
(Administration & City Council Bills)

SPONSOR: Finance and Administration / Budget Office  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Angela Moyer

Provide Name: Angela Moyer / Budget Officer

Contact Number: 904-630-1259

Email Address: amoyer@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.)

As part of the FY17 budget process, funding was set aside in a contingency for the financial impact of collective bargaining. As part of the Council approved collective bargaining agreements, each employee would receive a one-time lump sum payment equal to 3% of their salary during FY17. This BT transfers funding from that contingency to those areas within the General Fund - GSD and in the subfunds included in the quarterly financial review that are projected to be over budget by year-end. The 6/30/17 financial review provided to the Council Auditors and Finance Chair provide detail on which general fund departments and subfunds would be provided funding.

APPROPRIATION: Total Amount Appropriated \$2,538,437.77 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: Collective Bargaining Contingency	Amount: \$2,538,437.77
	To: Various 011 Dpts and Other Subfunds	Amount: \$2,538,437.77

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.)

As part of the FY17 budget process, funding was set aside in a contingency for the financial impact of collective bargaining. As part of the Council approved collective bargaining agreements, each employee would receive a one-time lump sum payment equal to 3% of their salary during FY17. This BT transfers funding from that contingency to those areas within the General Fund - GSD and in the subfunds included in the quarterly financial review that are projected to be over budget by year-end. The 6/30/17 financial review provided to the Council Auditors and Finance Chair provide detail on which general fund departments and subfunds would be provided funding. Municode Section 106.215 (b): approval of this legislation requires 2/3 vote of council members present.

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Explanation:** If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Note:** If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Attachment:** If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

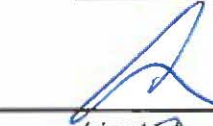
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Attachment & Explanation:** If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
			<input type="text"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
			<input type="text"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
			<input type="text"/>

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

<b>ACTION ITEMS:</b>	<b>Yes</b>	<b>No</b>	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
			<input type="text"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
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 generating
			<input type="text"/>

Division Chief: \_\_\_\_\_  
  
 (signature)

Date: 8-15-17

Prepared By: \_\_\_\_\_  
  
 (signature)

Date: 8-15-17

**ADMINISTRATIVE TRANSMITTAL**

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

Thru:

\_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

From: Angela Moyer, Budget Officer

\_\_\_\_\_  
Initiating Department Representative (Name, Job Title, Department)

Phone: 904-630-1301

E-mail: amoyer@coj.net

Primary same

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

**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**