# **LEGISLATIVE FACT SHEET**

DATE:	01/30/18	BT or RC No:	BT18-050
		(Administration & City C	
SPONSOR:	Neighborh	oods Department/Environmental C	tuality Division
		(Department/Division/Agency/Council Mer	nber)
Contact for all inqu	uiries and presentation	<u> </u>	
Provide Name:		Melissa M. Long, P.E., Division Chief	
Contact	Number:	(904) 255-7101	•
Email Ac	ldress:	MelissaL@coj.net	
PURPOSE: White Paper Research will complete to (Minimum of 350 w) Purpose: To authorize Atlantic Beach and Nepermittee Monitoring a Jacksonville are co-pestormwater Sewer Sy historical support for to the submittal of a Morperforming in achieving September 21, 2017. EQD annual program. Interlocal Agreement.	(Explain Why this legislation is his form for Council introduced ords - Maximum of 1 page execution of Interlocal Agreeptune Beach for enhanced and Assessment Plan. Backermittees under the National stem or MS4) Permit. For she beaches meeting former hitoring and Assessment Plang water quality. That plan was The new monitoring plan of the two beaches communications.	necessary? Provide; Who, What, When, When legislation and the Administration is responsible	e for all other legislation.  Ing from those contracts with the ty as required in the contracts with the state of the contracts with the contract of the contr

APPROPRIATION: Total Ai	as follows:	
List the source <u>name</u> 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:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	City of Atlantic Beach (\$6,216) From: City of Neptune Beach (\$1,036)	Amount: \$7,252.00
Funding Source(s):	To: NPDES Permit Services - Beaches	Amount: \$7,252.00
Name of In-Kind Contribution(s):	From:	Amount:
Traine of in-taile domination(s)	То:	Amount:
Name & Number of Bond	From:	Amount:
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.)

Fiscal Information: Funds are coming from t	he City of Atlantic Beach (\$6,216) and the City of Neptune Beach (\$1,036).
There is no local match required. The durati	on of the contract is for a period of five (5) years from the date of execution.
There is no maintenance or construction req	uired. City Staff: Work will be performed by existing staff with no additional
staffing costs. Use of Funds: The funding w	rill be appropriated in a new account and will be used for to purchase additional
chemicals and supplies for water sampling a	nalyses.
ACTION ITEMS: Purpose / Check L code provisions for each.	ist. 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  Mandate?  X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

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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	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?  The Neighborhoods Department/Environmental Quality Division (EQD) will provide oversight. The contract has been negotiated and the Office of General Counsel has reviewed and approved the draft submitted,
Related RC/BT? X	Attach and Muse attach annualists DC/DT (service)
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 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: Pur justification, and code provisions fo	pose / Check List. If "Yes" please provide detail by attaching reach.
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? X	Attachment: If yes, attach appropriate form(s).

## ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching

Continuation of Grant?	X	Explanation: How will the funds be used is the funding for a specific time frame year of grant? Are there long-term imp	
Surplus Property Certification? Reporting Requirements?	x		City Council / Auditor) to receive reports en reports are due. Provide Department
Division Chief: Mu	lussa	2 M. Long (signature)	Date: 1/30/18
Prepared By:	radi	(signature)	Date: 1/30/18

### **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Stephanie Burch, Esq., Director, Neighborhoods Department (Name, Job Title, Department)			
	Phone: (904) 255-7200			
From:	Melissa M. Long, P.E., Division Chief, Environmental Quality Division  Initiating Department Representative (Name, Job Title, Department)			
	Phone: (904) 255-7101 E-mail: MelissaL@coj.net			
Primary Contact:	(Name, 500 Title, Department)			
	Phone: (904) 255-7101 E-mail: <u>MelissaL@coj.net</u>			
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			
То:	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:				
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: <u>akshelton@coj.net</u>			
approvin	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.  dent Agency Action Item: Yes No			
E	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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