LEGISLATIVE FACT SHEET

DATE:	01/22/18	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	Neighborhoods [Department / Mosquito Control Division
		(Department/Division/Agency/Council Member)
Contact for all in	quiries and presen	tations
Provide Name:		Randy Wishard, Chief of Mosquito Control
Contac	t Number:	904-696-4374 Ext. 223
Email A	Address:	Rwishard@Coj.net
Research will complete		slation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council reduced legislation and the Administration is responsible for all other legislation.
and allocating fund operations during l Agriculture and Co	ting for travel, purch FY 18, per Rule 5E- nsumer Services (F	Mosquito Control Fund balance, State funds carried over from FY16-17 ase insecticides, equipment, parts and services to support current 13.027(1), Florida Administrative Code, and Florida Department of DACS) Contract #24836 (City Contract #8694-17). This BT will be Agriculture (FDACS) as a budget amendment to Sub-fund ERMC012.

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AFFROFRIATION. Total A	mount Appropriated \$121,5	as follows.	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for	each category list	ed below:
(Name of Fund as it will appear in t	itle of legislation)		
Name of Federal Funding Source(s	From:	Amount:	
	To:	Amount:	
Name of State Funding Source(s):	From: Mosquito Control Fund Balance - SF 012	Amount:	\$121,500.00
	To: Mosquito Control State I Funds	Amount:	\$121,500.00
Name of City of Jacksonville	From:	Amount:	
Funding Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	то:	Amount:	

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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.) These funds are coming from the Mosquito Control fund balance for the State funds. The funds will be transferred to operational line items to purchase insecticides, repair and maintenance supplies, equipment, parts and services and to cover travel costs for training. These funds are essential for procurement of supplies and services necessary for routine mosquito control operations during FY 18. No match is required, funding will supplement General Funds (011) that support infrastructure accounts in the Mosquito Control Division. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? X emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate 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 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?
	Ψ.
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
	V-
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 for	pose / Check List. If "Yes" please provide detail by attaching 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?	х	Attachment: If yes, attach appropriate form(s).	
Reporting Requirements?	x	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	i.
Division Chief: S B	wa	(signature) O	-
Prepared By:	& M	Date: 1-22-18	_
		(signature)	

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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: 904-255-8902 E-mail: <u>StephanieB@coj.net</u>		
From:	Randy Wishard, Chief, Mosquito Control Division		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 904-696-4374 E-mail: <u>Rwishard@coj.net</u>		
Primary	Randy Wishard, Chief, Mosquito Control Division		
Contact:	(Name, Job Title, Department)		
	Phone: 904-696-4374 E-mail: <u>Rwishard@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:			
i ioiii.	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: E-mail:		
Б.	L-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		
I egislatid	on from Independent Agencies requires a resolution from the Independent Agency Board		
- Carr	g the legislation.		
	dent 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

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