

LEGISLATIVE FACT SHEET

DATE: 02/13/18

BT or RC No: BT18-061
(Administration & City Council Bills)

SPONSOR: AFRM- Risk Management Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Twane Duckworth/Bibinia Centeno

Provide Name: Twane Duckworth / Bibinia Centeno

Contact Number: 904 630-7208 or 904 630 7901

Email Address: Twaned@coj.net or Bcenteno@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.)

> fund balance

The legislation is necessary to appropriate ~~the funding~~ as described below: To increase FY 2018 budgets for AFRM581MI - Miscellaneous Insured Programs for (1) sub object 04519 -Premium Paid-Property by \$356,425.03; (2) subobject 04521 - Premium Paid-Excess WC Policy and Excess WC Audit Fee by \$243,788 (Excess WC Policy \$154,027.00 and Excess WC Audit Fee \$89,761.00) ;(3) subobject 04564 -Premium Paid- GL/Auto Policy & Misc by \$56,650.00. Budgeted amount is lower than the actual insurance policy premium amount.

APPROPRIATION: Total Amount Appropriated \$656,863.03 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: <u>Insured Programs Fund balance</u>	Amount: <u>\$656,863.03</u>
	To: <u>Misc Insured Programs</u>	Amount: <u>\$656,863.03</u>
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.)

To increase FY 2018 budgets for AFRM581MI - Miscellaneous Insured Programs for (1) sub object 04519 -Premium Paid-Property by \$356,425.03; (2) subobject 04521 - Premium Paid-Excess WC Policy and Excess WC Audit Fee by \$243,788 (Excess WC Policy \$154,027.00 and Excess WC Audit Fee \$89,761.00) ;(3) subobject 04564 -Premium Paid- GL/Auto Policy & Misc by \$56,650.00. Budgeted amount is lower than the actual insurance policy premium amount.

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?

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?

Surplus Property Certification?


Attachment: If yes, attach appropriate form(s).

Reporting 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

Division Chief: Twane Duckworth 
(signature)

Date: 2/16/18

Prepared By: Bibinia Centeno 
(signature)

Date: 2/16/18

ADMINISTRATIVE TRANSMITTAL

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

Thru: Angela Moyer, Budget Officer, Finance & Administration

(Name, Job Title, Department)

Phone: 904 630 1259

E-mail: amoyer@coj.net

From: Bibinia Centeno / Fin. & Adm Mgr.

Initiating Department Representative (Name, Job Title, Department)

Phone: 904 630 7901

E-mail: bcenteno@coj.net

Primary Contact: Twane Duckworth / Chief, Risk Management

(Name, Job Title, Department)

Phone: 904 630 7208

E-mail: Twaned@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