# LEGISLATIVE FACT SHEET

DATE:	02/13/18	BT or RC No:BT 1 8-061 (Administration & City Council Bills)
SPONSOR:	and the second sec	AFRM- Risk Management Division (Department/Division/Agency/Council Member)
Contact for all in	quiries and presentation	n: Twane Duckworth/Bibinia Centeno
Provide Name:	ст. с.	Twane Duckworth / Bibinia Centeno
Contac	t Number: 904	630-7208 or 904 630 7901
Email A	Address: Twaned	l@coj.net or Bcenteno@coj.net
		is necessary? Provide; Who, What, When, Where, How and the Impact.) Council d legislation and the Administration is responsible for all other legislation.
(Minimum of 350	words - Maximum of 1 pa	age.)
Miscellaneous Insur Premium Paid-Exce WC Audit Fee \$89,	ed Programs for (1) sub obj ss WC Policy and Excess W	anding-as described below: To increase FY 2018 budgets for AFRM581MI - ect 04519 -Premium Paid-Property by \$356,425.03; (2) subobject 04521 - /C Audit Fee by \$243,788 (Excess WC Policy \$154,027.00 and Excess 4 -Premium Paid- GL/Auto Policy & Misc by \$56,650.00. Budgeted amount

1.8

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# 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)

1.1

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	From: Insured Programs Fund balance	Amount:	\$656,863.03
Funding Source(s):	To: Misc Insured programs	Amount:	\$656,863.03
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	

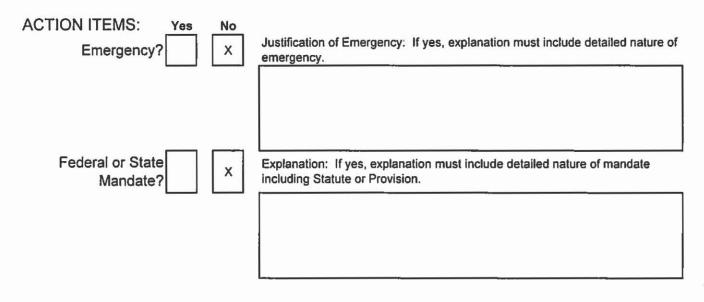
#### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

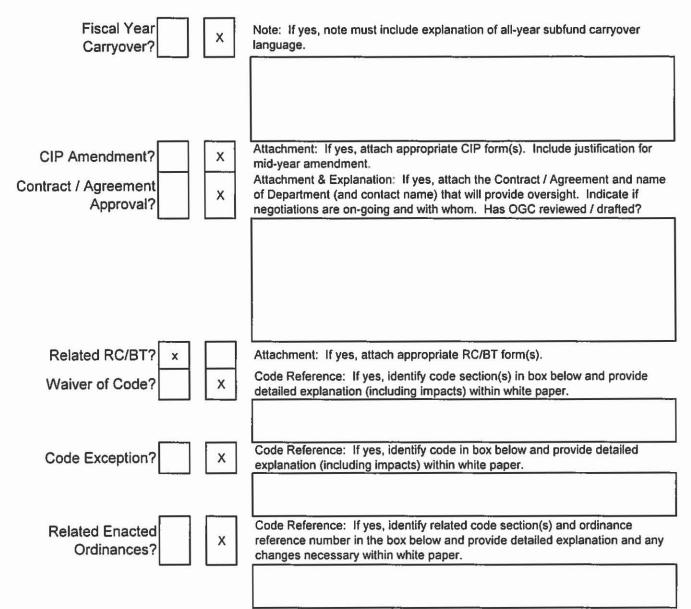
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation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

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

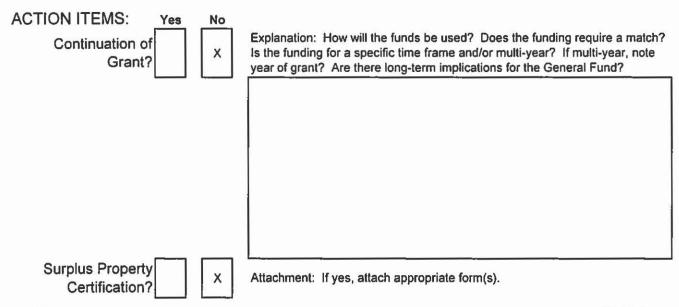
To increase FY 2018 budgets for AFRM581MI - Miscellaneous Insured Programs for (1) sub object 04519 -Premium Paid-Property by \$356,425.03; (2) subobject 04521 - Premium Paid-Excess WC Policy and Excess WC Audit Fee by \$243,788 (Excess WC Policy \$154,027.00 and Excess WC Audit Fee \$89,761.00) ;(3) 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 CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



Reporting X Requirements?	Explanation: List agencies (including City Council and frequency of reports, including when reports a Department (include contact name and telephone	re due. Provide
Division Chief: Twane Ducky	worth changes (signature)	Date: 2/16/18
Prepared By:Bibinia Cente	(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				
Contact.	(Name, Job Title, Department)				
	Phone: 904 630 7208 E-mail: <u>Twaned@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				
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:				
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CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No Boards Action / Resolution?

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED