## **LEGISLATIVE FACT SHEET**

DATE:	08/13/18	BT or RC No:	NA
		(Administration & City Council	Bills)
SPONS	OR: Employee Serv	ices Department	
		(Department/Division/Agency/Council Member)	
Contact	for all inquiries and prese	ntations Todd Norman, Chief of Labo	or Relations
Provide	Name:		
	Contact Number:	630-1795	
	Email Address:	ToddN@coj.net	
Research v		gislation is necessary? Provide; Who, What, When, Where, How $\frac{1}{2}$ troduced legislation and the Administration is responsible for all of 1 page.)	
County, and Association including the officiencies.	nd Municipal Employees), CW on), and LIUNA (Laborers' Interthe previously negotiated wages. The estimated annual cost	coloyees. The four civilian unions are AFSCME (Americal (Communications Workers of America), JSA (Jacksonval (Jacksonval)), The total annual cost increases is \$238,000.00. This excludes the cost saving or the JSA collective bargaining agreement is \$53,000 exents approximately 440 members.	rille Supervisors of the four contracts not gs for management

APPROPRIATION: Total A	mount Appropriated	as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbe	rs 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:
Traine of Grate Fartaining Gourse (c).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In Vind Contribution(s):	From:	Amount:
Name of In-Kind Contribution(s):	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:

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## 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.) ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** Yes No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? Χ emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate Х Mandate? including Statute or Provision.

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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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?  A collective bargaining agreement is a contract. Summary of changes and significant provisions are provided.
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: Pujustification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching or 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 X	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	X	and frequency of reports, including	ding City Council / Auditor) to receive reports g when reports are due. Provide Department one number) responsible for generating
			,
Division Chief:		10 2	Date: 8 3 18
Prepared By:	$\triangleleft$	/(signature)	Date: 8 3 18
		(signature)	

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	Diane Moser
	(Name, Job Title, Department)
	Phone: (904) 630-2427
From:	Todd Norman
	Initiating Department Representative (Name, Job Title, Department)
	Phone: (904) 630-1795 E-mail: <u>ToddN@coj.net</u>
Primary	Todd Norman
Contact:	(Name, Job Title, Department)
	Phone: (904) 630-1795 E-mail: <u>ToddN@coj.net</u>
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
To: From:	Phone: 904-630-4647 E-mail: psidman@coj.net
	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer
From:	Phone: 904-630-4647 E-mail: psidman@coj.net
From: Primary	Phone: 904-630-4647
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail: (Name, Job Title, Department)
From: Primary	Phone: 904-630-4647
From: Primary	Phone: 904-630-4647
From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:   (Name, Job Title, Department)  Phone: E-mail:
From: Primary Contact:	Phone: 904-630-4647
From: Primary Contact: CC:	Phone:
From: Primary Contact: CC:	Phone: 904-630-4647
From: Primary Contact: CC: Legislatic	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board go the legislation.  dent Agency Action Item: Yes No
From: Primary Contact: CC: Legislatic approvin Independ	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:   (Name, Job Title, Department) Phone: E-mail:   Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board by the legislation.

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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