LEGISLATIVE FACT SHEET

DATE:	08/13/18	BT	Г or RC No:	NA
		(Administra	ation & City Council Bil	lls)
SPONSOR:	Employee Services Dep	artment		
	(D	epartment/Division/Agency	y/Council Member)	
Contact for all inc	uiries and presentation	Todd Norma	an, Chief of Labor I	Relations
Provide Name:				
	Number:	630-1795	- <u>.</u>	
	······································			
Email A		ToddN@coj.net		
Research will complete	er (Explain Why this legislation is no this form for Council introduced lec words - Maximum of 1 page	islation and the Administratio		
2017 - September 30 representing aproxim County, and Municipa Association), and LIL including the previous efficiencies. The esti	ces Department seeks to file for b, 2020 collective bargaining ag lately 3,000 City employees. T al Employees), CWA (Commun JNA (Laborers' International Un sly negotiated wage increases imated annual cost for the AFS hent efficiencies. AFSCME rep	reements between the City he four civilian unions are ications Workers of Ameri ion of North America). Th is \$238,000.00. This exclu CME collective bargaining	y of Jacksonville and the AFSCME (American F ica), JSA (Jacksonville ne total annual cost of udes the cost savings to agreement is \$143,000	he four civilian unions ederation of State, Supervisors the four contracts not for management 00 excluding the cost

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APPROPRIATION: Total Amount Appropriated

as follows:

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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:
	То:	Amount:
Name of State Funding Source(s)	From:	Amount:
	То:	Amount:
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:

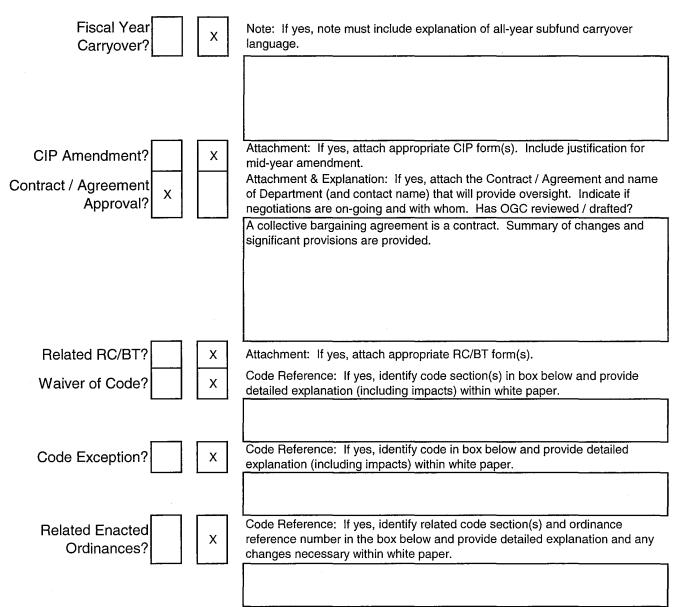
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

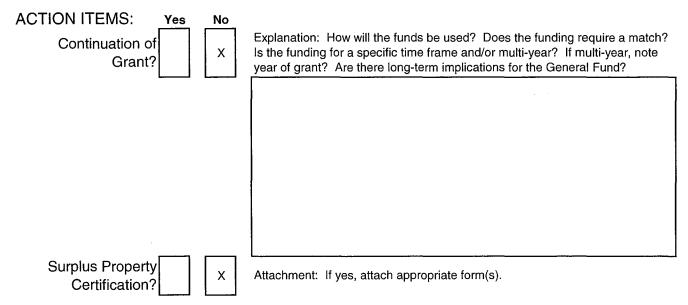
(Minimum of 350 words - Maximum of 1 page.)

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

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



Explanation: List agencies (including City Council / Auditor) to receive reports Reporting Х and frequency of reports, including when reports are due. Provide Department Requirements? (include contact name and telephone number) responsible for generating 18 Date: Division Chief: E 3 18 (signatu) Date: Prepared By: (signature)

ADMINISTRATIVE TRANSMITTAL

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

Thru:	Diane Moser				
	(Name, Job Til	tle, Department)		-	
	Phone: (9	04) 630-2427	E-mail: <u>Dmoser@coj.net</u>		
From:	Todd Norman				
	Initiating Depa	rtment Represen	tative (Name, Job Title, Department)	_	
	Phone: (9	04) 630-1795	E-mail: <u>ToddN@coj.net</u>		
Primary	Todd Norman				
Contact:	(Name, Job Til	tle, Department)			
	Phone: (9	04) 630-1795	E-mail: <u>ToddN@coj.net</u>	_	
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-182	25 E-mail:	jelsbury@coj.net		

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
	Phone: 904-63	0-4647	E-mail	: psidman@coj.net	
From:					
	Initiating Council Men	ber / Independer	nt Agency	/ Constitutional Officer	
	Phone:		E-mail	:	
Primary					
Contact:	(Name, Job Title, Dep	artment)			
	Phone:	····	E-mail	:	
CC:					
	904-630-1825 I	z-mail: jeisbu	iry@coj.	net	
0	on from Independe g the legislation.	nt Agencies re	equires a	a resolution from the Independent Agency Board	
Independ	dent Agency Actior	n Item: Yes	No		
E	Boards Action / Re	solution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED