LEGISLATIVE FACT SHEET

| DATE: | 08/13/18 | BT or RC No: | NA |
|---|---|---|---|
| | | (Administration & City Counc | il Bills) |
| | | | |
| SPONSOF | R: Employee Services D | Pepartment | |
| | | (Department/Division/Agency/Council Member) | |
| Contact fo | r all inquiries and presentatio | ns Todd Norman, Chief of Lab | or Relations |
| Provide Na | ame: | | |
| C | Contact Number: | 630-1795 | |
| E | mail Address: | ToddN@coj.net | |
| Research will | | is necessary? Provide; Who, What, When, Where, Ho delegislation and the Administration is responsible for a age.) | |
| 2017 - Septe representing County, and Association) including the efficiencies. | ember 30, 2020 collective bargainin aproximately 3,000 City employee Municipal Employees), CWA (Com, and LIUNA (Laborers' International previously negotiated wage increal The estimated annual cost for the | e four separate pieces of legislation to effectuate g agreements between the City of Jacksonville as. The four civilian unions are AFSCME (Americal munications Workers of America), JSA (Jackson al Union of North America). The total annual cosses is \$238,000.00. This excludes the cost savible LIUNA collective bargaining agreement is \$29,000 peresents approximately 320 members including | and the four civilian unions an Federation of State, nville Supervisors at of the four contracts not ngs for management oo excluding the cost |

| APPHOPHIATION: Total Al | as follows: | |
|---------------------------------------|--|------------------------|
| List the source name and pro | ovide Object and Subobject Numbers for each of | 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 state Fallishing Course(S). | То: | Amount: |
| Name of City of Jacksonville | From: | Amount: |
| Funding Source(s): | То: | Amount: |
| Name of In-Kind 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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| | oing to, how will the funds be used? Does the funding require a match? Is ere be an ongoing maintenance? and staffing obligation? Per Chapters est-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. | | |
| | Justification of Emergency: If yes, explanation must include detailed nature of emergency. | |
| | Explanation: If yes, explanation must include detailed nature of mandate | |
| 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? | 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: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for 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? | Attachment: If yes, attach appropriate form(s). | | | |

| Reporting Requirements? | | City Council / Auditor) to receive reports en reports are due. Provide Department number) responsible for generating |
|-------------------------|-------------|--|
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| | DIT ? | 1 1 |
| Division Chief: | M | Date: 8718 |
| | (signature) | 1.1. |
| Prepared By: | MC | Date: 8/3/18 |
| | (signature) | |

ADMINISTRATIVE TRANSMITTAL

| То: | MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325 | |
|---------------------|---|--|
| Thru: | Diane Moser | |
| | (Name, Job Title, Department) | |
| | Phone: (904) 630-2427 E-mail: <u>Dmoser@coj.net</u> | |
| 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 | |
| 10. | Phone: 904-630-4647 E-mail: psidman@coj.net | |
| From: | | |
| 1 10111. | Initiating Council Member / Independent Agency / Constitutional Officer | |
| | Phone: E-mail: | |
| Drimon | | |
| Primary Contact: | (Name, Job Title, Department) | |
| oomao. | | |
| | Phone: E-mail: | |
| CC: | Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor | |
| | 904-630-1825 E-mail: jelsbury@coj.net | |
| | | |
| I egislati | on from Independent Agencies requires a resolution from the Independent Agency Board | |
| | ng the legislation. | |
| | dent Agency Action Item: Yes No | |
| 1 | Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled? | |
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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