LEGISLATIVE FACT SHEET

DATE:		10/08/18			BT or RC No:	NA	
				(Admi	nistration & City Cou	ıncil Bills)	
SPONSO	DR:	Employee Serv	ices Departmer	nt			
			The second secon		gency/Council Memb	er)	
Ca-11				Tadd Na	Chief of I	ahar Dalatiana	
		quiries and prese	ntations	TODO INC	orman, Chief of L	abor Relations	
Provide 1		Ni		20.4705			
		Number:		30-1795			
	Email A	ddress:	Todd	N@coj.net			
Research wi	il complete	er (Explain Why this leg this form for Council in words - Maximum	ntroduced lealstation	/? Provide; Who and the Adminis	o, What, When, Where, stration is responsible f	How and the Impact.) Country all other legislation.	ıcil
						er 1, 2017 - September 3	
represents	approxim	ately 2500 employed	es. FOP has two	collective barg	jaining agreements o	City of Jacksonville. FOP comprised of Corrections	and
						sly negotiated wage increa be approximately \$1M.	ases
		.6					

APPROPRIATION: Total Ar		as follows:	
List the source <u>name</u> and pro	ovide Object and Subobject Numb	ers for each category listed below:	
(Name of Fund as it will appear in ti	tle 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:	
Alama of to Kind Contribution(e)	From:	Amount:	
Name of In-Kind Contribution(s):	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	To:	Amount:	

 $D_{i+1} \in \mathcal{T}_{i+1} \times \mathcal{C}_{i}$

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? emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate X 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 X 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.
Ÿ	
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	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: Pu justification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching or each.
ACTION ITEMS: Yes No	
Continuation of 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	y X and	frequency of reports, includin	ling City Council / Auditor) to receive rep g when reports are due. Provide Departr one number) responsible for generating	
		Ng.		
Division Chief:	(sir	nature)	Date: 10 11	18
Prepared By:	M	mature)	Date:	11.8

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:				
	(Name, Job Title, Department)			
	Phone: E-m	all:		
From:				
	Initiating Department Representative (Name,	ob Title, Department)		
	Phone: E-m	ail:		
Primary				
Contact:	(Name, Job Title, Department)			
		ail:		
CC:	Jordan Elsbury, Director of Intergover	nmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: jelsbury@@	20 New York Control of the Control o		
	-			
COUN	NCIL MEMBER / INDEPENDENT AGE	NCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
To:	Peggy Sidman, Office of General Co.	ınsel, St. James Suite 480 ail: psidman@coj.net		
	Phone. <u>904-030-4047</u> L-III	ali. psidman@coj.net		
From:				
	Initiating Council Member / Independent Ager	1998 AND 1997 1997 (1997) (199		
	Phone: E-m	ail:		
Primary	•			
Contact	t: (Name, Job Title, Department)			
	Phone: E-m	ail:		
CC:	Jordan Elsbury, Director of Intergove	rnmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: jelsbury@coj.net			
Logialat	tion from Indopendent Approint require	as a recolution from the ladecondest Agency Reard		
Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.				
	ndent Agency Action Item: Yes N	0		
•	Boards Action / Resolution?	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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