

LEGISLATIVE FACT SHEET

DATE: _____

BT or RC No: BT19-076
(Administration & City Council Bills)

SPONSOR: _____
AFRM- Risk Management Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____
Twane Duckworth/Bibinia Centeno

Provide Name: _____
Twane Duckworth / Bibinia Centeno

Contact Number: _____
904 630-7208 or 904 630 7901

Email Address: _____
Twaned@coj.net or Bcenteno@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

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

The legislation is necessary to appropriate the funding as described below:

To increase FY 2019 budget for **AFRM581AD** - Risk Mgmt. Admin. for sub object **03109** - Professional Services by **\$263,060.00**.

1. Origami Contract, 1st year – 9 mos. (Oct., 2018 to June30, 2019, budgeted for only 6 mos.) \$106,690; (\$35,563.34/ mo);
2. Origami 2nd year renewal - 3 mos. (July 1 to Sept 30, 2019 no budget allocated) \$74,370 (\$24,790/mo);
3. MarshClearsight Contract - 2 mos. extension (budgeted for only 6 mos.) due to transition, \$82,000(\$ 41,000/month)

To increase FY 2019 budget for **AFRM581MI** - Misc. Insured Programs for Sub object **04519** - Premium Paid-Property by **\$ 50,000**. for Art Appraisals.

Total budget increases of **\$313,060**. Budgeted amount is lower than the actual expenses.

APPROPRIATION: Total Amount Appropriated \$313,060.00 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)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: JXSF581	Amount: \$313,060.00
	AFRM581AD - 03901 \$263,060	
	To: AFRM581MI -04519 \$50,000.	Amount: \$313,060.00
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	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 the budget for AFRM581AD -Professional Services(03109) by 263,060 and AFRM581MI-Premium Paid Property (04519) for Art Appraisals by \$50,000. The Insured Program(581) NC Transfer from Retained Earnings will be used to fund the request.

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

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

	Yes	No
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

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?

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>


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?

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief: Twane Duckworth 
(signature)

Date: 3/6/19

Prepared By: Bibinia Centeno 
(signature)

Date: 3/6/19

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

(Name, Job Title, Department)

Phone: 904 630 7208

E-mail: Twaned@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

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: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: jelsbury@coj.net

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

Independent Agency Action Item: Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED