LEGISLATIVE FACT SHEET

DATE:		03/21/19	_		BT or RC N	lo: <u>BTI</u>	9-080	_
			_	(Adm	ninistration & City	Council Bil	ls)	
SPONS	OR:	Finance & Administra	tion					
	•		(Departmen	nt/Division/A	gency/Council M	lember)		
Contact	for all inq	uiries and presentatio	n:	Joey	Grieve, Chief	Financial	Officer	
Provide	Name:		Joey (Grieve, Chi	ef Financial Offic	er		
	Contact	Number:	904-6	30-5940				
	Email Ad	ldress:	Pgreive	e@coj.net	<u> </u>	_		
Research v	will complete t	r (Explain Why this legislation his form for Council introduce vords - Maximum of 1 pages	d legislation a	Provide; Wh	no, What, When, W nistration is respons	/here, How a sible for all ot	nd the Impact.) Counci her legislation.	I
\$15,000,0 back to th contribution budget ar	000 is being ne Water/Wa on to the Jac nd CIP reviev	in order to appropriate the appropriated to the Water/astewater System Fund procksonville Port Authority fow will be detrimental to the funding water / waste water	Wastewater bject. Addition r river gauge best interes	System Full mally, \$155 s. Deferral of ts of the cor	nd, funding of co ,000 is being app of this amendme mmunity because	ompleted ca propriated a nt of the CII	pital projects will rev s a one-time P until the next annua	
								İ

APPROPRIATION: Total Ar	mount Appropriated \$15,155,000 ovide Object and Subobject Numbers for each	as follow	
(Name of Fund as it will appear in t	•		
Name of Federal Funding Source(s)	From:	Amount:	
varie of Federal Fullding Source(s)	То:	Amount:	···
Name of State Funding Source(s):	From:	Amount:	
Name of State Funding Source(s).	То:	Amount:	
Name of City of Jacksonville	From: JEA - Contribution from Component Unit	Amount:	\$15,155,000.00
Funding Source(s):	Water/Wastewater System Fund[\$15,000,000] To: Jax Port Authority [\$155,000]	Amount:	\$15,155,000.00
No. of the Utiland Committee than the second	From:	Amount:	
Name of In-Kind Contribution(s):	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	To:	— Amount:	
(Minimum of 350 words - Maximum of	with JEA adopted by City Council via 2018-747-E. Ci	ity of Jacksonvill	le is recipient of

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

ACTION ITEMS: Yes	No	
Emergency?	X	Justification of Emergency: If yes, explanation must include detailed nature of
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
E		
Fiscal Year X Carryover?		Note: If yes, note must include explanation of all-year subfund carryover language.
, []		Carryover of funds is only needed for the appropriation being made within the General Fund - GSD to JXMS011JPARG. Subfund 463 does not require carryforward language since it is an all-years fund.
CIP Amendment? X		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment? X		mid-year amendment.
Contract / Agreement X		Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
Approval? ^		Oversight: Pw
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?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted		Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?		reference number in the box below and provide detailed explanation and any changes necessary within white paper.
		2018-747-E

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

ACTION ITEMS: Yes Continuation of Grant?	X	Explanation: How will the funds be used? Does the Is the funding for a specific time frame and/or multi-y year of grant? Are there long-term implications for the	ear? If mu	ılti-year, note
		*		
		9		
Surplus Property Certification?	x	Attachment: If yes, attach appropriate form(s). Explanation: List agencies (including City Council / A	Auditor) to	roccivo roporto
Reporting Requirements?	x	and frequency of reports, including when reports are (include contact name and telephone number) respo	due. Prov	ide Department
		55		
Division Chief:		(signature)	Date:	3/21/19
Prepared By:	resa`	R. E. Chaer	Date:	3/21/2019

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: E-mail: amoyer@coj.net				
From:	Teresa Eichner, CIP Administrator, Finance & Administration Initiating Department Representative (Name, Job Title, Department)				
	Phone: 904-630-7051 E-mail: teichner@coj.net				
Primary Contact:	Joey Greive, Chief Financial Officer, Finance & Administration (Name, Job Title, Department)				
	Phone: 904-630-5940 E-mail: pgreive@coj.net				
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				
То:	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:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>jelsbury@coj.net</u>				
approvir	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?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED