

# LEGISLATIVE FACT SHEET

DATE: 11/10/2011

**BT** OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

BT 12-031

SPONSOR (Department/Division/Agency/Council Member): Finance

**PURPOSE/SUMMARY:** In the interests of settling disputed additional costs for BJP project PW0402 (Lone Star Rd/Arlington to Millcove), the administration has requested approval of \$750,000.00 to settle all claims to complete and close this project in lieu of further litigation.

**APPROPRIATION :** Total Amount Appropriated: \$ 750,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Better Jacksonville Plan

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: BJP Pay-Go Project Funds Amount: \$ 750,000.00

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

## IMPACT - FINANCIAL/OTHER:

### ACTION ITEMS:

Emergency?	Yes ___	No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___	No <u>X</u>	
Fiscal Year Carryover?	Yes ___	No <u>X</u>	_____
CIP Amendment?	Yes ___	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u>	No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <u>X</u>	
Oversight Department Required?	Yes ___	No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes <u>X</u>	No ___	(Attach a copy)
Waiver of Code?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No <u>X</u>	
Surplus Property Certification?	Yes ___	No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___	No <u>X</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors			

Yes \_\_\_ No X Date \_\_\_\_\_ Frequency \_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: C. Ronald Belton, CFO, Finance  
(Name, Job Title, Department)

Phone: 904-630-4999 Fax: 904-630-3615 E-mail: rbelton@coj.net

Contact person: Judith Garard, Finance & Admin Mgr, Treasury -  
(Name, Job Title, Department)

Phone: 904-630-5207 Fax: 904-630-3615 E-mail: jgarard@coj.net

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**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL  
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**