

LEGISLATIVE FACT SHEET

DATE : March 5, 2012

BT or RC NUMBER: 12-052
(Administration Bills)

SPONSOR (Department/Division/Agency/ Council Member): PW/EN

PURPOSE/ SUMMARY: The purpose of this agreement is to provide funding for Water Quality and Ecological Restoration Project at Naval Air Station Jacksonville, to authorize the Mayor or his designee and the Corporation Secretary to enter into the agreement with St. Johns River Water Management District (SJRWMD) and amend the 2012/2016 CIP accordingly.

APPROPRIATION: Total Amount Appropriated: \$ 1,474,824.00 as follows:

(Name of Fund as it will appear in title of legislation) <u>NAS Jax Water System</u>	
Name of Federal Funding Source: _____	Amount: \$ _____
Name of State Funding Source: <u>SJRWMD</u>	Amount: \$ <u>1,474,824.00</u>
Name of City of Jax. Funding Source: _____	Amount: \$ _____
Name of In-Kind Contribution: <u>SJRWMD</u>	Amount: \$ <u>400,000.00</u>
Name of Bond Acct: _____	Amount: \$ _____
Bond Acct.Number: _____	

IMPACT- FINANCIAL/ OTHER: The purpose is to provide funding for Water Quality and Ecological Restoration Project at Naval Air Station Jacksonville.

ACTION ITEMS:

- | | | | | | |
|--|-----|-------------------------------------|----|-------------------------------------|---|
| Emergency? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Justification: _____ |
| Federal or State Mandates | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | |
| Fiscal Year Carryover?..... | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| CIP Amendment?..... | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | (Attach CIP form) |
| Contract/ Agreement (C/A) Approval. | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | (Attach a copy only) |
| C/A Negotiations On-going? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | |
| Oversight Department Required? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Name of Dept. _____ |
| Related RC/BT?..... | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | (Attach a copy) |
| Waiver of Code?..... | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Identify Code Provision) _____ |
| Code Exception?..... | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Identify Code Provision) _____ |
| Continuation of Grant? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | |
| Surplus Property Certification? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Attach a copy) |
| Related Enacted Ordinances? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Ordinance # of previous Ordinance _____ |
| Report Required to City Council/
Council Auditors | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Date _____ Frequency _____ |

ADMINISTRATIVE TRANSMITTAL

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

Cc: Chris Hand, Chief of Staff, Office of Mayor

From: William J. Joyce, P.E., Acting Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8707 Fax: 255-8927 E-mail joyce@coj.net

Contact person: William J. Joyce, P.E. Chief, Engineering & Construction Management Division

(Name, Job Title, Department)

Phone: 255-8762 Fax: 255-8926 E-mail joyce@coj.net

**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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

G:\SHARED\LEGIS.CC\Sidman\Miscellaneous\Fact Sheet form 10 23 06.doc