

LEGISLATIVE FACT SHEET

DATE: June 12, 2012

BT OR RC NUMBER: BT12- 038
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Public Works/Community Development Block Grant Program/Building Improvements-Grants/Disaster Recovery Emergency Funds

PURPOSE/SUMMARY: To appropriate the grant award of \$1,346,313.87 under the Community Development Block Grant Program, 2008 Disaster Recovery Program, to the City of Jacksonville, received from the Department of Housing & Urban Development, through the State of Florida Department of Economic Opportunity (previously called Department of Community Affairs). Grant funds will be used to provide flood and drainage repair, potable water lines, and sewer improvements to COJ Lower Eastside. A CIP Amendment will be required.

APPROPRIATION : Total Amount Appropriated: \$ 1,346,313.87 as follows:

(Name of Fund as it will appear in title of legislation) 2008 Disaster Recovery CDBG Award

Name of Federal Funding Source: U.S. Dept of Housing & Urban Development Amount: \$1,346,313.87

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

Name of City of Jax Funding Source: _____ Amount: \$ _____

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

Name of Other Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: The expenditure of awarded grant funds to provide flood and drainage repair, potable water lines, and sewer improvements to COJ Lower Eastside, will mitigate against future damages and are essential to the health, safety and welfare of the public. The project is fully funded and will require no city match.

ACTION ITEMS:

Emergency?	Yes ___	No X	Justification: _____
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Federal or State Mandates	Yes ___	No X	
Fiscal Year Carryover?	Yes X	No ___	_____
CIP Amendment?	Yes ___	No X	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes X	No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No X	
Oversight Department Required?	Yes X	No ___	Name of Dept. <u>Public Works</u>

Related RC?/BT? Yes No (Attach a copy)
 Waiver of Code? Yes No (Identify Code Provision _____)
 Code Exception? Yes No (Identify Code Provision _____)
 Continuation Grant? Yes No
 Surplus Property Certification? Yes No (Attach a copy)
 Related Enacted Ordinances? Yes No Ord. # of Previous Ord. _____
 Report Required to City Council/Council Auditors
 Yes No 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: James M. Robinson, P.E., Acting Director, Department of Public Works
 (Name, Job Title, Department)

Phone: 255-8748 Fax: 630-2909 E-mail: JRobinson@coj.net

Contact person: Deborah Green, Grant Project Administrator, Department of Public Works
 (Name, Job Title, Department)

Phone: 633-4063 Fax: 301-3873 E-mail: DGreen@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