

LEGISLATIVE FACT SHEET

DATE: August 8, 2012

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Council President at request of the Mayor

PURPOSE/SUMMARY: This bill approves and authorizes the Mayor, or his designee, Corporation Secretary, and City Council Member(s) designated to the North Florida Transportation Planning Organization to execute the Interlocal Agreement for creation of the Metropolitan Planning Organization between the City of Jacksonville, the Florida Department of Transportation, Clay County, Nassau County, St. Johns County, City of St. Augustine, Jacksonville Aviation Authority, Jacksonville Port Authority, Jacksonville Transportation Authority, Nassau County Ocean Highway and Port Authority, and St. Augustine – St. Johns County Airport Authority; approves and authorizes the Mayor and the Corporation Secretary to execute an Interlocal Agreement with the North Florida Transportation Planning Organization for the funding of the study for the Future Rail Corridor - Phase 2;

APPROPRIATION : N/A

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

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

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

Name of City of Jax Funding Source:
Office of General Counsel Revenues/Retained Earnings Amount: \$ _____

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

Name of Bond Acct _____ Amount: \$ _____

IMPACT - FINANCIAL/OTHER: None.

ACTION ITEMS:

Emergency?	Yes _____	No <u>X</u> _____
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>XX</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 _____	No <u>X</u> (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 <u>XX</u>	No __
Report Required to City Council/Council Auditors	Yes __	No <u>XX</u> Date _____ Frequency <u>Annually</u>

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