

# LEGISLATIVE FACT SHEET

DATE : August 29, 2012

BT or RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/ Council Member): Public Works/ Engineering & Construction Mgmt

**PURPOSE/ SUMMARY:** Prepare legislation for new Construction Agreement between the City and CSXT for new R/R Crossing at Duval Rd. (Max Leggett Pkwy) and North Main St. The monetary contribution for the crossing upgrade will be borne by Signature Parkway, LLC, and not the City of Jacksonville. The intent of the legislation is to obtain City Council authorization allowing the Mayor to sign, with the actual signature of the Mayor pending upon payment to CSXT by Signature Parkway, LLC for the estimated upgrade cost. It is anticipated the, payment for the crossing will take place sometime after October 1, 2012.

**APPROPRIATION:** Total Amount Appropriated: \$ 0.00 as follows:

(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: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

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

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	_____
CIP Amendment? .....	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" 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 the Mayor

From: James M. Robinson, P.E. Director of Public Works

(Name, Job Title, Department)

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

Contact person: William J. Joyce, P.E., Chief, Engineering and Construction Management Division/PW

(Name, Job Title, Department)

Phone: 255-8762 Fax: 255-8926 E-mail Joyce@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**

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