

# LEGISLATIVE FACT SHEET

2013-0052

DATE : December 18, 2012

BT or RC NUMBER: BT13-028  
(Administration Bills)

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

**PURPOSE/ SUMMARY:** Provide funds for professional services to provide a comprehensive review of all the City's real estate assets, including current value and liabilities, space optimization for City Departments and Agencies and to amend the CIP.

**APPROPRIATION:** Total Amount Appropriated: \$ 150,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Facilities Capital Asset Review

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

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

Name of City of Jax. Funding Source: 2009 Capital Facilities Maintenance Amount: \$ 150,000.00

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

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

Bond Acct.Number: \_\_\_\_\_

**IMPACT- FINANCIAL/ OTHER:** The City's investment in capital assets for its governmental and business-type activities as of September 30, 2011, amounts to \$3.2 billion (net of accumulated depreciation). A new plan and system integration is needed to provide reliable information for funding decision makers, maintenance staff, facility managers, building administrators, administrative managers, and members of the executive and legislative branches of city government.

**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 type="checkbox"/>            | No | <input checked="" 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/<br>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: James M. Robinson, P.E., Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8707 Fax: 255-8927 E-mail jrobinson@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

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

To: 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**