

LEGISLATIVE FACT SHEET

2013-0088

DATE : December 18, 2012

BT or RC NUMBER: 13-027
(Administration Bills)

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

PURPOSE/ SUMMARY: To appropriate \$200,000 from the Florida Department of Transportation (FDOT) based on a Local Agency Agreement between the City and FDOT for Landscaping and beautification of the West Central Civic Core District located in the Downtown Area of Jacksonville; to authorize the Mayor or his designee and the Corporation Secretary to execute the amendment with FDOT and to amend the 2012/2016 CIP accordingly.

APPROPRIATION: Total Amount Appropriated: \$ 200,000.00 as follows:

(Name of Fund as it will appear in title of legislation) West Central Civic Core

Name of Federal Funding Source: _____	Amount: \$ _____
Name of State Funding Source: <u>Florida Dept of Transportation</u>	Amount: \$ <u>200,000.00</u>
Name of City of Jax. Funding Source: _____	Amount: \$ _____
Name of In-Kind Contribution: _____	Amount: \$ _____
Name of Bond Acct: _____	Amount: \$ _____
Bond Acct. Number: _____	

IMPACT- FINANCIAL/ OTHER: The City is working with the Chamber of Commerce in a joint effort to improve the Independent Drive in front of the Chamber of Commerce. The Chamber will provide the design and will maintain the project after completion. The additional funds provided by the FDOT are to complete the construction of the project.

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 checked="" type="checkbox"/> | No | <input type="checkbox"/> | Ordinance # of previous Ordinance | <u>2009-215/512</u> |
| 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: 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

**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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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