

LEGISLATIVE FACT SHEET

2013-0139

DATE: January 25, 2013

BT or RC NUMBER: 13-040
(Administration Bills)

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

PURPOSE/ SUMMARY: The purpose of this agreement is to provide additional grant funding to for the Timuquan National Preserve Bicycle Touring Route; to authorize the Mayor or his designee and the Corporation Secretary to enter into the agreement with FDOT and amend the CIP.

APPROPRIATION: Total Amount Appropriated: \$ 342,000 as follows:

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

Name of Federal Funding Source:	Amount:	\$	_____
Name of State Funding Source: <u>FDOT</u>	Amount:	\$	<u>342,000.00</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: Funds will be used by the City to construct the Timuquan National Preserve Bicycle Touring Route Trail.

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/ 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