

# LEGISLATIVE FACT SHEET 2013-0140

DATE : January 28, 2013

BT or RC NUMBER: 13-041  
(Administration Bills)

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

**PURPOSE/ SUMMARY:** Per Ordinance 2011-438 transfer funds from Public Buildings Facilities Capital Maintenance fund to the project specific Medical Examiner's Building for Re-Roofing and HVAC Replacement and to amend the CIP.

**APPROPRIATION:** Total Amount Appropriated: \$ 2,100,000.00 as follows:

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

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

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

Name of City of Jax. Funding Source: General Capital Projects Amount: \$ 2,100,000.00

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

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

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

**IMPACT- FINANCIAL/ OTHER:** Funding provides for needed repairs at the Medical Examiner's Building for the Re-Roof and HVAC Replacement, contingency, testing and construction engineering services.

**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**