

# LEGISLATIVE FACT SHEET 2013-0141

DATE : January 25, 2013

BT or RC NUMBER: 13-042  
(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 Beaches Branch Library for the following tasks: Re-Roof and Water Intrusion Mitigation Repairs, windows, civil site work to remove an old existing heating and cooling system and improve drainage and to amend the CIP.

**APPROPRIATION:** Total Amount Appropriated: \$ 1,012,000 as follows:

(Name of Fund as it will appear in title of legislation) Beaches Branch Library

Name of Federal Funding Source: _____	Amount: \$ _____
Name of State Funding Source: _____	Amount: \$ _____
Name of City of Jax. Funding Source: <u>General Capital Projects</u>	Amount: \$ <u>1,012,000</u>
Name of In-Kind Contribution: _____	Amount: \$ _____
Name of Bond Acct: _____	Amount: \$ _____
Bond Acct.Number: _____	

**IMPACT- FINANCIAL/ OTHER:** Funding provides for needed repairs at the Beaches Branch Library, 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/ 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

**APPROVED BY:**  
**MAYOR'S BUDGET**  
**REVIEW COMMITTEE**

**DATE** FEB 11 2013

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**