LEGISLATIVE FACT SHEET

DATE: 03/13/13	BI or RC N	9. 17.071
	(Administration	n Bills)
SPONSOR: Public Works/Engir		
	(Department/Division/Agency/Council Me	ember)
PURPOSE/SUMMARY:		
	om FDOT for their financial contribution in the	
	it # FLS00012-003 Cycle 3 requirements, which designee and the Corporation Secretary to en	
APPROPRIATION: Total Amount A	Appropriated: \$1,419,781.4	8 as follows:
(Name of Fund as it will appear in title of leg	gislation)	
Name of Federal Funding Source: N/A		Amount:
Name of State Funding Source: FDOT		Amount: \$1,419,781.48
Name of City of Jax Funding Source: N/A		Amount:
Name of In-Kind Contribution: N/A		Amount:
Name of Bond Acct: N/A	Amount:	
		,
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER:		
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER:	ion to the City for the MS4 Permit, Cycle 3 ser g the requirements.	vices. Failure to accept the fund:
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding	g the requirements.	vices. Failure to accept the fund:
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding ACTION ITEMS:	g the requirements.	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding	g the requirements.	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency?	yes No X Justification of Emergency:	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates?	yes No X Justification of Emergency:	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributile leaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover?	yes No X X X X X X X (Attach CIP Form(s)) (Attach a copy)	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going?	yes No X X X X X X X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required?	yes No X Justification of Emergency: X X (Attach CIP Form(s)) (Attach a copy) X Name of Dept.:	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT?	Yes No X X X X X X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT? Waiver of Code?	yes No X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contribution leaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT? Waiver of Code? Code Exception?	yes No X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT? Waiver of Code? Code Exception? Continuation of Grant?	Yes No X X X X X X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT? Waiver of Code? Code Exception? Continuation of Grant? Surplus Property Certification?	yes No X X X X X X X X X X X X X	
Bond Account Number: N/A IMPACT - FINANICIAL / OTHER: The grant provides FDOT financial contributileaves the City solely responsible for funding ACTION ITEMS: Emergency? Federal or State Mandates? Fiscal Year Carryover? CIP Amendment? Contract / Agreement (C/A) Approval? C/A Negotiations On-going? Oversight Department Required? Related RC/BT? Waiver of Code? Code Exception? Continuation of Grant?	Yes No X X X X X X X X X X X X X X X X X X	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Cc:	Chris Hand, Chief of Staff, Office of the Mayor			
From:	James M. Robinson, P.E., Director of Public Works			
	(Name, Job Title, Department)			
	Phone: 255-8707 E	-mail: <u>jrobinson@coj.net</u>		
Contact William J. Joyce, P.E., Chief, Engineering and Construction Management Div				
Person: (Name, Job Title, Department) •				
	Phone: 255-8762 E	-mail: joyce@coj.net		
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
To:	Peggy Sidman, Office of General Co	ounsel, St. James Suite 480		
		-mail: psidman@coj.net		
Ero				
From:	(Name, Job Title, Department)			
		-mail:		

Contac	et			
Person: (Name, Job Title, Department)				
	Phone: E	-mail:		
•	ation from Independent Agencies requi ring the legislation.	re a resolution from the Independent Agency Board		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED