## LEGISLATIVE FACT SHEET 2014-0015

| DATE:                                   | 11/18/13   | BT or RC No: |                 |                                       |            |                 |              |  |
|---|--|--------------|-----------------|---------------------------------------|------------|-----------------|--------------|--|
|   |  |              |                 | (Admini                               | stration B | ills)           |              |  |
|   |  |              |                 |                                       |            |                 |              |  |
| SPONSOR:                                | Public Works/Engineering & Construction Mgmt   |              |                 |                                       |            |                 |              |  |
|   |  | (De          | partmen         | t/Division/Agency/Cou                 | ncil Memb  | er)             |              |  |
| PURPOSE/SU                              | JMMARY:  |              |                 |                                       |            |                 |              |  |
|   |  |              |                 |                                       |            |                 |              |  |
| Transportation, a                       | yor to sign the Transfer and<br>outhorize the City to accept<br>SR 23 from the Clay County | by Map 1     | <b>Fransfer</b> | specific improvements                 | by FDO     | on the new Road | !            |  |
| APPROPRIAT                              | FION: Total Amount   | Appropi      | riated:         |                                       | \$0.00     | as follows:     | ·            |  |
| (Name of Fund a                         | s it will appear in title of leg   | islation)    |                 |                                       |            |                 |              |  |
| Name of Federal Funding Source: N/A     |  |              |                 |                                       |            | Amount:         | \$0.00       |  |
| Name of State Funding Source: N/A       |  |              |                 |                                       |            | Amount:         | \$0.00       |  |
| Name of City of Jax Funding Source: N/A |  |              |                 |                                       |            | Amount:         | \$0.00       |  |
| Name of In-Kind Contribution: N/A       |  |              |                 |                                       |            | Amount:         | \$0.00       |  |
| Name of Bond Acct: N/A                  |  |              |                 |                                       |            | Amount:         | \$0.00       |  |
| Bond Account Nu                         |  |              |                 | · · · · · · · · · · · · · · · · · · · |            |                 |              |  |
|   |  |              |                 |                                       |            |                 |              |  |
| IMPACT - FIN                            | IANICIAL / OTHER:  |              |                 |                                       |            |                 |              |  |
|   | ndertake, at no cost to the (  |              |                 |                                       |            |                 | lpon         |  |
| completion, those                       | e portions of the "improvem  | ents" tha    | t shall b       | e transferred to the Ci               | ty by Map  | Transfer.       | <u> </u>     |  |
| ACTION ITEM                             | NS:  | Yes          | No              | _                                     |            |                 |              |  |
| Emergency?                              | •  |              | X               | Justification of Emer                 | rgency:    |                 |              |  |
| Federal or S                            | tate Mandates?   |              | Х               |                                       |            |                 |              |  |
| Fiscal Year (                           | Carryover?   |              | Х               |                                       |            |                 |              |  |
| CIP Amendment? X (Attach CIP Form(s))   |  |              |                 |                                       |            |                 |              |  |
| Contract / Ag                           | greement (C/A) Approval?   | Х            |                 | (Attach a copy)                       |            |                 |              |  |
| C/A Negotia                             | tions On-going?  |              | X               |                                       |            |                 |              |  |
| Oversight De                            | epartment Required?  |              | X               | Name of Dept.:                        |            |                 | _            |  |
| Related RC/                             | BT?  |              | Х               | (Attach a copy)                       |            |                 |              |  |
| Waiver of Co                            | ode?   |              | Х               | Identify Code:                        |            |                 |              |  |
| Code Excep                              | tion?  |              | Х               | Identify Code:                        |            |                 |              |  |
| Continuation                            | of Grant?  |              | X               |                                       |            |                 |              |  |
| Surplus Prop                            | perty Certification?   |              | Х               | (Attach a copy)                       |            |                 |              |  |
| Related Ena                             | cted Ordinances?   |              | X               | Ordinance #:                          |            |                 | <del>,</del> |  |
| • •                                     | uired to City Council or   |              | Х               | 5 1                                   |            | <b>-</b>        |              |  |
| Council Au                              | ditors?  |              |                 | Date:                                 |            | Frequency:      |              |  |

## 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:   |  |  |  |  |  |  |
|   | (Name, Job Title, Department)                                |  |  |  |  |  |
|   | Phone: 255-8707 E-mail: <u>irobinson@coj.net</u>             |  |  |  |  |  |
| Contact William J. Joyce, P.E., Chief, Engineering and Construction Management Div                                      |  |  |  |  |  |  |
| Person  | (Name, Job Title, Department)                                |  |  |  |  |  |
|   | Phone: 255-8763 E-mail: joyce@coj.net                        |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL  |  |  |  |  |  |  |
| То:   | Peggy Sidman, Office of General Counsel, St. James Suite 480 |  |  |  |  |  |
|   | Phone: 630-4647 E-mail: psidman@coj.net                      |  |  |  |  |  |
| From:   |  |  |  |  |  |  |
|   | (Name, Job Title, Department)                                |  |  |  |  |  |
|   | Phone: E-mail:   |  |  |  |  |  |
| Contact   |  |  |  |  |  |  |
| -   | (Name, Job Title, Department)                                |  |  |  |  |  |
|   | Phone: E-mail:   |  |  |  |  |  |
| Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation. |  |  |  |  |  |  |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED