

LEGISLATIVE FACT SHEET

DATE: 04/22/14

BT or RC No: _____
(Administration Bills)

SPONSOR: Office of General Counsel
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

An Ordinance concerning the "Shipyards" Project; Approving and Authorizing the acceptance of payment of the City's pro rata portions of the Trustee's recapture of funds for payment of the City's unsecured claim in pending Bankruptcy case in re Crescent Resources, LLC, et al, Case No. 09-11507 (U.S. Bankruptcy Court, Western District of Texas, Austin Division), Which represents the pro rata portion of the funds recovered by the trustee, authorizing the execution of documents if any are necessary to this end and all other court filings that may be required by the Bankruptcy Trustee or Court for the purposes of effectuating such settlement; Acknowledging that any expenditure of such recovered funds requires further appropriation and an opinion of Bond Counsel; Requesting Emergency Passage upon Introduction.

APPROPRIATION: Total Amount Appropriated: _____ N/A as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The nature of the emergency is that the payments have been sent via regular mail to the City, and the deposit of the funds signifies acceptance.
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2011-560-E</u>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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: Cindy Laquidara, General Counsel, Office of General Counsel

(Name, Job Title, Department)

Phone: 630-1700

E-mail: cindyl@coj.net

Contact Cindy Laquidara, General Counsel, Office of General Counsel

Person: (Name, Job Title, Department)

Phone: 630-1700

E-mail: cindyl@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: 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 _____

Person: (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