

LEGISLATIVE FACT SHEET

2014-0433

DATE: 05/06/14

BT or RC No: BT 14-080
(Administration Bills)

SPONSOR: Public Works/Engineering Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Ordinance 2011-438 requires funds to be moved from the Countywide Intersection Improvements and Bridge Rehab account to project specific accounts and to amend the CIP. Maintenance responsibility includes the need to make corrections to the intersection at Gate Parkway and Deerwood Park Blvd to address pavement settlement. In addition, the latest FDOT bridge assessment report generated a Prompt Corrective Action Advisory after giving the superstructures 3 points out of 9 at the Wells Road and Magnolia Street Bridges and require immediate corrective action. The project scopes are detailed on the attached sheet.

APPROPRIATION: Total Amount Appropriated: \$709,841.91 as follows:

(Name of Fund as it will appear in title of legislation) Various Projects- See attached sheet.

| | |
|---|-----------------------------|
| Name of Federal Funding Source: <u>N/A</u> | Amount: _____ |
| Name of State Funding Source: <u>N/A</u> | Amount: _____ |
| Name of City of Jax Funding Source: <u>PW Cntywide Intersection Imp. & Bridge Rehab & Gatepkwy BCBS</u> | Amount: <u>\$709,841.91</u> |
| Name of In-Kind Contribution: <u>N/A</u> | Amount: _____ |
| Name of Bond Acct: _____ | Amount: _____ |
| Bond Account Number: _____ | |

IMPACT - FINANCIAL / OTHER:

Maintenance improvements are required to prevent further deterioration of the roadway and bridges. The Department of Public Works has prioritized the list for improvements necessary to meet this responsibility.

ACTION ITEMS:

| | Yes | No | |
|--|-------------------------------------|-------------------------------------|-----------------------------------|
| Emergency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Justification of Emergency: _____ |
| Federal or State Mandates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Fiscal Year Carryover? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| CIP Amendment? | <input checked="" type="checkbox"/> | <input 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"/> | Name of Dept.: _____ |
| Oversight Department Required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (Attach a copy) |
| Related RC/BT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Identify Code: _____ |
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identify Code: _____ |
| Code Exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance #: _____ |
| 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: James M. Robinson, P.E., Director of Public Works

(Name, Job Title, Department)

Phone: 255-8707

E-mail: jrobinson@coj.net

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 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

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

DATE JUN -9 2014