

**LEGISLATIVE FACT SHEET** 2014-0436

DATE: 4/28/2014

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

**SPONSOR** (Department/Division/Agency/Council Member): Fire and Rescue Department/Councilman Ray Holt

**PURPOSE/SUMMARY:** Amend Section 3 of Ordinance 2012-452 to extend the appropriation from Trail Ridge Facility Mitigation Class I for the purpose of providing improvements to the Town of Baldwin Community Center/Post Disaster Shelter.

**APPROPRIATION:** Total Amount Appropriated: \$ 311,675.19 as follows:  
(Name of Fund as it will appear in title of legislation). Baldwin Community Center/Post Disaster Shelter

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: Baldwin Post Disaster Shelter Amount: \$311,675.19  
Funds already appropriated

Name of In-Kind Contribution Source: Property Owner Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**  
Provide post disaster shelter for the Town of Baldwin.

**ACTION ITEMS:**

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	_____
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes <u>X</u> No ___	Ord. # of Previous Ord. <u>2012-452</u>
Report Required to City Council/Council Auditors	Yes ___ No <u>X</u>	Date _____ Frequency _____

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Policy  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Martin L. Senterfitt, Director/Fire Chief Fire and Rescue Department  
(Name, Job Title, Department)

Phone: 630-7868 Fax: 630-4202 E-mail: msenter@coj.net

Contact person: Stan Totman Mayor, Town of Baldwin, Robert S. Fleet Architect  
(Name, Job Title, Department)

Phone: 266-5031/730-8103 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL  
OFFICER TRANSMITTAL**

To: Peggy S \_\_\_\_\_ ), Office of General Counsel  
Suite \_\_\_\_\_ 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.

**ACT SHEET IS REQUIRED**

**REGISTRATION**

**PRODUCED**