

2015-0013

LEGISLATIVE FACT SHEET

DATE: 12/19/14

BT or RC No: BT15-022
(Administration Bills)

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

PURPOSE/SUMMARY:

Severe storm activity caused the double box culvert to experience catastrophic damage resulting in the closing of two of the four travel lanes. The area has been stabilized but is in need of immediate attention to ensure minimization of further damage and reopening of the two travel lanes.

APPROPRIATION: Total Amount Appropriated: _____ 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: <u>Various - See Attached</u>	Amount: <u>\$936,158.51</u>
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANCIAL / OTHER:

Continued deterioration will result in additional pavement failure and curb settling which will result in road closure.

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"/>	_____ (Attach CIP Form(s))
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: <u>Public Works</u>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input checked="" type="checkbox"/>	<input 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"/>	(Attach a copy)
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: <u>Ord 2014-467-E</u>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Jim Robinson, P.E., Director, Public Works
(Name, Job Title, Department)

Phone: _____ E-mail: _____

Contact William Joyce, P.E., Chief, Engineering & Construction Management

Person: (Name, Job Title, Department)

Phone: _____ E-mail: _____

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