

# LEGISLATIVE FACT SHEET

2815-0671

DATE: 1/7/2014

BT OR RC NUMBER: \_\_\_\_\_

SPONSORING AGENCY: JFRD-Emergency Preparedness, Councilman Ray Holt

**PURPOSE/SUMMARY:**

Extend the period of performance as outlined in Ordinance 2014-436 to April 1. The previous appropriation of funds from the Trail Ridge Facility Mitigation fund lapsed as of January 1, 2015. The funds will provide improvements to the Town of Baldwin Community Center/Post Disaster Shelter.

**FUNDING:** Net Amount Appropriated: \$ 144,416.59 as follows:

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

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

Name of City of Jax Funding Source: Baldwin Post Disaster Shelter Amount: \$ 144,416.59  
Funds already appropriated

Name of In-Kind Contribution Source: \_\_\_\_\_ -Amount: \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

Provide post disaster shelter for the Town of Baldwin.

**ACTION ITEMS:**

Emergency?	Yes ___	No <u>X</u>	Justification: _____
Fiscal Year Carryover?	Yes ___	No <u>X</u>	
CIP Amendment?	Yes ___	No <u>x</u>	(Attach CIP)
Contract Approval?	Yes ___	No <u>X</u>	(Attach a copy only)
Related RC?	Yes ___	No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___	No <u>x</u>	(Code Provision)
Continuation Grant?	Yes ___	No <u>X</u>	

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(Please Complete and Return Immediately)

**ADMINISTRATION TRANSMITTAL**

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

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

From: Steven Woodard, Director Emergency Preparedness

Phone: 904-255-3123 Fax: 904-630-0600 E-mail: swoodard@coj.net

Contact person: Stan Totman, Mayor Town of Baldwin Robert S. Fleet Architect

Phone: 266-5034/7308103 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

To: Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**