

LEGISLATIVE FACT SHEET 2015-0145

DATE: 02/17/15

BT or RC No: BT15-046
(Administration Bills)

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

PURPOSE/SUMMARY:

Transfer of funds will be utilized to restore electricity at multiple locations in the Berkman/Liberty Street area.

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: Miscellaneous Insurance Amount: \$200,000.00

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

n/a

ACTION ITEMS:

	Yes	No
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency:

Residents living in the impacted area are without electricity.

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: Public Works

(Attach a copy)

Identify Code: _____

Identify Code: _____

(Attach a copy)

Ordinance #: _____

Date: _____ Frequency: _____

APPROVED BY:

MAYOR'S BUDGET


REVIEW COMMITTEE

DATE FEB 13 2015

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: 255-8748

E-mail: JRobinson@coj.net

Contact William Joyce, P.E., Chief - Engineering and Construction Management 

Person: (Name, Job Title, Department)

Phone: 255-8763

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