

LEGISLATIVE FACT SHEET 2015-0259

DATE: 03/20/15

BT or RC No: BT15059
(Administration Bills)

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

PURPOSE/SUMMARY:

The purpose of this BT is to appropriate the General Service District (011) contribution to fund the local matching portion for a grant being received by the Florida Theatre for façade improvements to the Florida Theatre building. This is only to fund the local match, the City of Jacksonville will not be receiving the grant funds for this project.

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: Federal Matching Grants Amount: \$75,000.00

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

This will have no impact on the regular operations of the City of Jacksonville. These funds were budgeted in this activity for the current fiscal year and we are simply re-appropriating the funds to the correct indexcode in order to properly account for expenses associated with the Florida Theatre.

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"/> | |
| Oversight Department Required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Name of Dept.: <u>Public Works</u> |
| Related RC/BT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (Attach a copy) |
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identify Code: _____ |
| Code Exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Identify Code: _____ |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Ordinance #: <u>TBD</u> |
| 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: 255-8748

E-mail: jrobin@coj.net

Contact Luis Flores, Chief, Public Buildings Division

Person: (Name, Job Title, Department)

Phone: 630-5431

E-mail: lflores@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: Jim Robinson, P.E., Director, Public Works

(Name, Job Title, Department)

Phone: 255-8748

E-mail: jrobin@coj.net

Contact Luis Flores, Chief, Public Buildings Division

Person: (Name, Job Title, Department)

Phone: 630-5431

E-mail: lflores@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED