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## LEGISLATIVE FACT SHEET 2015-0662

**DATE**: <u>8/6/2015</u>

BT OR RC NUMBER: BT/5/0/
(Administration Bills)

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SPONSOR (Department/Division/Agency/Council Member): \_Dept. of Parks, Rec. and Comm Serv.

PURPOSE/SUMMARY: The Parks, Recreation and Community Services Department respectfully requests approval to initiate legislation to transfer funds from FBIP, RPWF1D8 to a project specific CIP account for the replacement of the failing Lonnie Wurn Boat Ramp Pier repair/replacement. The anticipated cost of the project is \$146,281 and thus requires council approval per section 110.413 or the ordinance code.

(Name of Fund as it will appear in title of	of legislation) Lonnie	wuni Boat Kamp Fier Replacement	
Name of Federal Funding Source:		Amount: \$	
Name of State Funding Source:		Amount: \$	
Name of City of Jax Funding Source: RPV	Amount: \$_\$146,281		
Name of In-Kind Contribution Source:		Amount: \$	
Name of Bond Acct		Amount: \$	
Number			
IMPACT - FINANCIAL/OTHER:			
ACTION ITEMS:			
ACTION ITEMS:  Emergency?	Yes No _X	Justification:	
	Yes No _X Yes No _x	Justification:	
Emergency?			
Emergency?  Federal or State Mandates	Yes No _x		
Emergency?  Federal or State Mandates Fiscal Year Carryover?	Yes No _x Yes No _x_ Yes _x_ No _	(Attach CIP form)	
Emergency?  Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going?	Yes No _x Yes No _x Yes _x No _ ral Yes No _x Yes No _x Yes No _x	(Attach CIP form) (Attach a copy only)	
Emergency?  Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required?	Yes No _x Yes No _x Yes _x No _ ral Yes No _x Yes No _x Yes No _x	(Attach CIP form) (Attach a copy only)	
Emergency?  Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required? Related RC?/BT?	Yes No _x Yes No _x Yes _x No _  Yal Yes No _x Yes No _x Yes _x No Yes _x No Yes _x No	(Attach CIP form) (Attach a copy only)  Name of Dept. Parks and Rec (Attach a copy)	
Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code?	Yes No _x Yes No _x Yes _x No _ ral Yes No _x Yes No _x Yes _x No _ Yes _x No _x	(Attach CIP form) (Attach a copy only)  Name of Dept. Parks and Rec (Attach a copy) (Identify Code Provision	
Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception?	Yes No _x Yes _x No Yes _x No _ Yes _x No _ Yes _ No _x Yes _ No _x Yes _ No _x	(Attach CIP form) (Attach a copy only)  Name of Dept. Parks and Rec (Attach a copy)	
Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception? Continuation Grant?	Yes No _x Yes No _x Yes No _x Yes No _x al Yes No _x Yes No Yes _x No Yes _x No Yes No_x Yes No_x Yes No_x Yes No_x Yes No_x Yes No_x	(Attach CIP form) (Attach a copy only)  Name of Dept. Parks and Rec (Attach a copy) (Identify Code Provision (Identify Code Provision	
Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approv C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception?	Yes No _x Yes No _x Yes No _x Yes _x No _ ral Yes No _x Yes _x No _ Yes _x No _ Yes _x No _ Yes _ No _x	(Attach CIP form) (Attach a copy only)  Name of Dept. Parks and Rec (Attach a copy) (Identify Code Provision	)

## **ADMINISTRATION TRANSMITTAL**

	MBRC, c/o Roselyn	Chall, Budget Divisi	on, Suite 325	
CC: M				
	Michael Weinstein, Financial Services Officer Mayor's Office, Fourth Floor, City Hall at St. James			
From: D	om: Daryl Joseph, Interim Director, Parks, Recreation and Community Services (Name, Job Title, Department)			
P	Phone: 255-7903	Fax: 360-8552	E-mail: DJoseph@coj.net	
Contact j			e Resources, Parks, Rec and Community Services	
P		itle, Department) Fax: 255-7944	E-mail: tmeeks@coj.net	
C	OUNCIL MEM	BER / INDEPEN	DENT AGENCY / CONSTITUTIONAL	
C	OUNCIL MEM		DENT AGENCY / CONSTITUTIONAL TRANSMITTAL	
To: P	Peggy Sidman (630-	OFFICER 4647), Office of Gen	TRANSMITTAL	
To: P	Peggy Sidman (630- Suite 480, City Hall	OFFICER 4647), Office of Gen at St. James	TRANSMITTAL eral Counsel	
To: P	Peggy Sidman (630- Suite 480, City Hall	OFFICER 4647), Office of Gen at St. James	TRANSMITTAL eral Counsel	
To: PS	Peggy Sidman (630- Suite 480, City Hall Name, Job Title, Departme	OFFICER 4647), Office of Gen at St. James	TRANSMITTAL eral Counsel	
To: PS From: (1)	Peggy Sidman (630-Suite 480, City Hall Name, Job Title, Department	OFFICER 4647), Office of Gen at St. James	TRANSMITTAL eral Counsel E-mail:	

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED