LEGISLATIVE FACT SHEET 2015-0663

DATE	: August 31, 2015	BT OR RC NUMBER: 2015(Administration Bills)						
SPONS	1					Compliance		
•	ment/Environmental Quality Division OSE/SUMMARY: To provide for a two					ovilla Zant inin		
Shorelin	e Project through fiscal year 2017. A copy of per are attached.							
APPR	OPRIATION: Total Amoun	t Appropr	iated: <u>1</u>	<u>V/A</u> as follo	ws:			
(Name	of Fund as it will appear in title of	legislatio	n)					
Name of Federal Funding Source:					Amount: \$			
Name of State Funding Source:					Amount: \$			
Name of City of Jax Funding Source:					Amount: \$			
Name of In-Kind Contribution Source:								
Name of Bond Acct					Amount: \$			
	Number							
IMPA	CT - FINANCIAL/OTHER:							
ACTI(ON ITEMS:							
	Emergency?	Yes	No X	Justific	cation:			
	Federal or State Mandates	Yes						
	Fiscal Year Carryover? CIP Amendment?	Yes <u>x</u> Yes			CIP form)			
	Contract/Agreement (C/A) Approval				a copy only)			
	C/A negotiations on-going?				2 copy (y)			
	Oversight Department Required?	Yes x			Dept. RCD			
	Related RC?/BT?	Yes			•			
	Waiver of Code?	Yes	No_X	(Identify	y Code Provision			
	Code Exception?	Yes	No_X	(Identify	Code Provisio	n)		
	Continuation Grant?	Yes						
	Surplus Property Certification?	Yes						
	Related Enacted Ordinances?	Yes		<u>C</u> Ord. #	of Previous Ord	1.		
	Report Required to City Council/Cou	Yes		Date	Frequency	,		
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ADMINISTRATION TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Division, Suite 325								
CC:	Sam Mousa, Chief Administrative Officer Mayor's Office, Fourth Floor, City Hall at St. James								
From:	Melissa M. Long, P.E., Chief Environmental Quality Division, Regulatory Compliance Department								
	Phone:	904-255-7101	_ Fax:	904-255-7130	E-mail: melissal@coj.net				
Contac		James Richardson (Name, Job Title, Depart 904-255-7213	ment)		rd Administrator E-mail: jrichard@coj.net				
(COUNCI			ENT AGENCY / C RANSMITTAL	CONSTITUTIONAL				
То:	Peggy Sidman (630-4647), Office of General Counsel Suite 480, City Hall at St. James								
From:	(Name, Job T	itle, Department)							
	Phone:		Fax:		E-mail:				
Contac	et person:								
	Phone:	(Name, Job Title, Depart	rment) Fax:		E-mail:				
_	ation from i	1 0	equires a re	solution from the Ind	lependent Agency Board				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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