

LEGISLATIVE FACT SHEET

DATE: 02/08/16

BT or RC No: BT16-048
(Administration Bills)

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

PURPOSE/SUMMARY:

Appropriating \$60,000 from the State of Florida Department of Health to the Facilities Capital Maintenance project. Requesting Council authorization to execute the Memo of Agreement between the City of Jacksonville and the State of Florida Department of Health related to activities using the City's building at 909 Haines Street for storage under the Cities Readiness Initiative. This request also appropriates \$60,000.00 as reimbursement for repairs to the facility.

APPROPRIATION: Total Amount Appropriated: \$60,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Facilities Capital Maintenance - Gov't.

Name of Federal Funding Source: _____	Amount: _____
Name of State Funding Source: <u>Department of Health</u>	Amount: <u>\$60,000.00</u>
Name of City of Jax Funding Source: _____	Amount: _____
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANCIAL / OTHER:

Public Buildings will recoup some of the cost of repairing this building thus allowing for these funds to be used for other capital projects that will be accomplished this year.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: John P. Pappas, Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8748

E-mail: pappas@coj.net

Contact Luis F. Flores, Chief, Public Buildings Division, Public Works Department

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: John P. Pappas, Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8748

E-mail: pappas@coj.net

Contact Luis F. Flores, Chief, Public Buildings Division, Public Works Department

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