

LEGISLATIVE FACT SHEET

DATE: 08/29/16

BT or RC No: BT17-013
(Administration Bills)

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

PURPOSE/SUMMARY:

This BT is necessary in order to appropriate a grant from the St. John's River Water Management District to the Noroad/Lambing Drainage project to reduce flooding along Noroad east of the Lambing intersection. The grant is reimbursable and will fund one third of the cost for construction.

APPROPRIATION: Total Amount Appropriated: \$374,220.00 as follows:

(Name of Fund as it will appear in title of legislation) Noroad/ Lambing Drainage

Name of Federal Funding Source: _____	Amount: _____
Name of State Funding Source: <u>St. Johns River Water Management District</u>	Amount: <u>\$374,220.00</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:

This BT will appropriate grant funding which will obviate the City from incurring additional debt in order to complete this project.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2009-0512, 2011-0405, 2014-0466, 2015-0504, 2015-197</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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: John P. Pappas, P.E., Director of Public Works

(Name, Job Title, Department)

Phone: 255-8707

E-mail: Pappas@coj.net

Contact Tom Fallin, P.E., Chief, Engineering and Construction Management Division

Person: (Name, Job Title, Department)

Phone: 255-8763

E-mail: ThomasF@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