## **LEGISLATIVE FACT SHEET**

DATE:	03/29/1	7 BT or RC No: RT 17 - 091
		(Administration & City Council Bills)
SPONS	OR: Public Wo	orks / Engineering & Construction Management
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and	presentations
Provide	Name:	Tom Fallin
	Contact Number:	255 - 8710
	Email Address:	ThomasF@coj.net
Research (Minimu The purpor network a existing tree Ecologica in this are managem connective Pumpkin and Jim Vadjacent omiles of tree (Minimum).	will complete this form for Comm of 350 words - Max ose of this project is to do at the City of Jacksonville rails at the National Park all and Historic Preserve. The called the Timucuan Thent to provide a seamle rity has already been establic Creek Preserve State Wingate Preserve. Componservation lands totaling rail. Deferral of this amerest of the community becomes	y this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council ouncil introduced legislation and the Administration is responsible for all other legislation

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APPROPRIATION: Total A	nount	Appropriated	\$418,778.00	as follows:	
List the source name and pro	ovide (	Object and Subo	bject Numbers for eac	h category liste	ed below:
(Name of Fund as it will appear in t	itle of le	gislation)			
Name of Federal Funding Source(s	From:		-	Amount:	
	То:			Amount:	
Name of State Funding Source(s):	From:	Florida Department	of Transportation	Amount:	\$418,778.00
	То:	City of Jacksonville	- Other Construction Costs	Amount:	\$418,778.00
Name of City of Jacksonville	From:			Amount:	
Funding Source(s):	То:			Amount:	
Name of In-Kind Contribution(s):	From:			Amount:	
	То:			Amount:	
Name & Number of Bond	From:			Amount:	
Account(s):	To:			Amount:	

## PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)
This is an appropriation of grant funds from the FDOT which will obviate the City from incurring any debt to complete this
project.
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.
ACTION ITEMS: Yes No Emergency? X Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State  Mandate?  Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

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Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
,		Subfund 331 is an all-years subfund
CIP Amendment? X Contract / Agreement X Approval?		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?  Public Works, Engineering and Construction Management Division will provide project oversight for the Cedar Point Preserve Trail Bridge. OGC and Risk Management have reviewed both the Local Agency Program Agreement and the Construction and Maintenance Agreement.
	$\neg$	
Related RC/BT? x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	Х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?		Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.
		2016 - 062
ACTION ITEMS CONTINUED justification, and code provision		cose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes  Continuation of Grant?	No X	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
Surplus Property  Certification?	х	Attachment: If yes, attach appropriate form(s).

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Reporting X Requirements?	Explanation: List agencies (including City Council / and frequency of reports, including when reports ar (include contact name and telephone number) resp	e due. Provide Department
	7	
Division Chief:	(signature)	Date: 3/30/2017
Prepared By: Allub	(signature)	Date: 3/30/2017

## **ADMINISTRATIVE TRANSMITTAL**

	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	John P. Pappas, P.E., Director of Public Works
	(Name, Job Title, Department)
	Phone: 255 - 8707 E-mail: pappas@coj.net
From:	Tom Fallin, P.E., Chief, Engineering & Construction Management Division
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 255 - 8710 E-mail: ThomasF@coj.net
Primary	Tom Fallin, P.E., Chief, Engineering & Construction Management Division
Contact:	(Name, Job Title, Department)
	Phone: 255 - 8710 E-mail: <u>ThomasF@coj.net</u>
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	
From:	Initiating Council Member / Independent Agency / Constitutional Officer
From:	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:
	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
Primary	Phone: E-mail:
Primary	Phone: E-mail: (Name, Job Title, Department)
Primary Contact:	Phone: E-mail:
Primary	Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
Primary Contact:	Phone: E-mail:
Primary Contact:	Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
Primary Contact: CC:	Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
Primary Contact: CC: Legislatiapprovin	Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board ag the legislation.
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Primary Contact: CC: Legislatiapprovin	Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net  on from Independent Agencies requires a resolution from the Independent Agency Board ag the legislation.

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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