LEGISLATIVE FACT SHEET

DATE:	08/16/18	BT or RC No: BT18-101 (Administration & City Council Bills)
SPONSOR:	Public '	Works / Engineering and Construction Management (Department/Division/Agency/Council Member)
Contact for all i	nquiries and presentat	tions
Provide Name:		Bill Joyce, Public Works Operations Director
Conta	ct Number:	255 - 8763
Email	Address:	joyce@coj.net
Research will comple (Minimum of 35	ete this form for Council introdu D words - Maximum of 1	
again. This will all to aid in the purcha CIP until the next a	ow JFRD to use their 36, 50 ase of an HVAC roof-top un annual budget and CIP revi	Station #39, near metropolitan Park, to have docks that are safely operational 0, and 70 foot vessels at this location. Additionally, these funds will be used nit for the Supervisor of Elections building. Deferral of this amendment of the ew will be detrimental to the best interest of the community because such f completing the needed project.

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APPROPRIATION: Total Amount Appropriated \$107,572.47 as follows: List the source name and provide Object and Subobject Numbers for each category listed below: (Name of Fund as it will appear in title of legislation) Amount: From: Name of Federal Funding Source(s) Amount: From: Amount: Name of State Funding Source(s): To: Amount: Name of City of Jacksonville From: General Capital Projects - Pay-go Amount: \$107,572.47 Funding Source(s): General Capital Projects - Pay-go Amount: \$107,572.47 From: Amount: Name of In-Kind Contribution(s): To: Amount: Name & Number of Bond From: Amount: Account(s): To: Amount:

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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 fequire 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 general capital projects reserves. complete this project.	This will not result in the City incurring any additional debt to
complete this project.	
ACTION ITEMS: Purpose / Check List. If "Yes" placede provisions for each.	ease provide detail by attaching justification, and
ACTION ITEMS: Yes No	
	Emergency: If yes, explanation must include detailed nature of
Federal or State Mandate? X Explanation: If you including Statute	yes, explanation must include detailed nature of mandate e or Provision.

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Fiscal Year x	Note: If yes, note must include explanation of all-year subfund carryover
Carryover?	language.
	Subfund 322 is an all-years subfund.
	Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment? X	mid-year amendment.
Contract / Agreement	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
Approval? X	negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
	detailed explanation (motivaing impacts) within write paper.
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed
Code Exception:	explanation (including impacts) within white paper.
	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted Ordinances?	reference number in the box below and provide detailed explanation and any
Ordinances!	changes necessary within white paper.
ACTION ITEMS CONTINUED: DUE	pose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions for	
ACTION ITEMS: Yes No	
Continuation of 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
Grant?	year of grant? Are there long-term implications for the General Fund?
Surplus Property	Attachment: If you attach appropriate form(s)
Certification?	Attachment: If yes, attach appropriate form(s).

Reporting X Requirements?	Explanation: List agencies (including City Coand frequency of reports, including when reports, include contact name and telephone number	rts are due. Provide Department
	- 0	
Division Chief:		Date: 8/17/18
Prepared By:	Jeighature	Date: 8/17/18
	(signature)	

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
From:	Bill Joyce, Public Works Operations Director
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 255 - 8763 E-mail: <u>joyce@coj.net</u>
Primary	Dill do job, i dollo il dillo de portaliono di locato.
Contact:	(Name, Job Title, Department)
	Phone: 255 - 8763
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: Jelsbury@coj.net
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
To: From:	Phone: 904-630-4647 E-mail: psidman@coj.net
	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer
From:	Phone: 904-630-4647
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: Primary	Phone: 904-630-4647
From: Primary Contact	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:
From: Primary	Phone: 904-630-4647
From: Primary Contact	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:
From: Primary Contact	Phone: 904-630-4647
From: Primary Contact: CC: Legislat	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: Jelsbury@coj.net ion from Independent Agencies requires a resolution from the Independent Agency Board
From: Primary Contact: CC: Legislat approvir	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: Jelsbury@coj.net ion from Independent Agencies requires a resolution from the Independent Agency Boarding the legislation.
Primary Contact: CC: Legislat approvir Independent	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: Jelsbury@coj.net ion from Independent Agencies requires a resolution from the Independent Agency Board

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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