

# LEGISLATIVE FACT SHEET

DATE : January 24, 2013

BT or RC NUMBER: 13-036  
(Administration Bills)

SPONSOR (Department/Division/Agency/ Council Member): PW/EN

**PURPOSE/ SUMMARY:** Per Ordinance 2011-438-E, to transfer funds from Public Buildings Facilities Capital Maintenance fund to the project specific Main Library Water Intrusion and Stucco Repair project and amend the CIP. The Emergency request is based on the need to complete the improvements as soon as possible in order to limit potential impacts from further water intrusion and to address the safety concerns associated with the Skylights and Stucco challenges.

**APPROPRIATION:** Total Amount Appropriated: \$ 1,400,000.00 as follows:

<b>(Name of Fund as it will appear in title of legislation)</b>		<u>Main Library Water Intrusion and Stucco Repair</u>
Name of Federal Funding Source: _____	Amount:	\$ _____
Name of State Funding Source: _____	Amount:	\$ _____
Name of City of Jax. Funding Source: <u>Facilities Capital Maintenance - Government</u>	Amount:	\$ <u>1,400,000.00</u>
Name of In-Kind Contribution: _____	Amount:	\$ _____
Name of Bond Acct: _____	Amount:	\$ _____
Bond Acct.Number: _____		

**IMPACT- FINANCIAL/ OTHER:** Funding provides for needed repairs associated with the Main Library Water Intrusion and Stucco Repair project, contingency, testing and construction engineering services.

**ACTION ITEMS:**

- |  |     |                                     |    |                                     |   |
|--|-----|-------------------------------------|----|-------------------------------------|---|
| Emergency? .....   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | Justification: <u>See attached.</u>     |
| Federal or State Mandates .....                            | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |   |
| Fiscal Year Carryover? .....                               | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |   |
| CIP Amendment? .....                                       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | (Attach CIP form)                       |
| Contract/ Agreement (C/A) Approval.                        | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | (Attach a copy only)                    |
| C/A Negotiations On-going? .....                           | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |   |
| Oversight Department Required? .....                       | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | Name of Dept. _____                     |
| Related RC/BT? .....                                       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | (Attach a copy) _____                   |
| Waiver of Code? .....                                      | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | (Identify Code Provision) _____         |
| Code Exception? .....                                      | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | (Identify Code Provision) _____         |
| Continuation of Grant? .....                               | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |   |
| Surplus Property Certification? .....                      | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | (Attach a copy)                         |
| Related Enacted Ordinances? .....                          | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | Ordinance # of previous Ordinance _____ |
| Report Required to City Council/<br>Council Auditors ..... | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | Date _____ Frequency _____              |

**ADMINISTRATIVE TRANSMITTAL** 2013-0136

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

Cc: Chris Hand, Chief of Staff, Office of Mayor

From: James M. Robinson, P.E., Director, Public Works Department  
(Name, Job Title, Department)  
Phone: 255-8707 Fax: 255-8927 E-mail jrobinson@coj.net

Contact person: William J. Joyce, P.E. Chief, Engineering & Construction Management Division  
(Name, Job Title, Department)  
Phone: 255-8762 Fax: 255-8926 E-mail joyce@coj.net

---

**COUNCIL MEMBER/ INDEPENDENT AGENCY/ CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

---

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**