LEGISLATIVE FACT SHEET

DATE:	08/15/23	BT or RC No	BT or RC No:			
		(Administration & City C	Council Bills)			
SPONSOR:		Public Works				
		(Department/Division/Agency/Council Me	mber)			
Contact	for all inquiries and p	resentations Robin Sn	nith			
Provide Name:		Robin Smith				
	Contact Number:	255-8710	-			
	Email Address:	robinsmith@coj.net	-			
Research w		his legislation is necessary? Provide; Who, What, When, Whe ancil introduced legislation and the Administration is responsib 1				
East Secti as-built su	on of Race Track Road to rveys, St. Johns will opera	ity of Jacksonville and St. Johns County. Upon convey the respective parties, and transfer of all state and fed ate, maintain and repair the East Section of Race Track the City of Jacksonville to maintain or repair the East S	leral permits, and the submittal of k Road within right-of-way.			
List the	PRIATION: Total Ar source <u>name</u> and pro Fund as it will appear in ti	ovide Object and Subobject Numbers for each	as follows: a category listed below:			
(Name of 1	and as it will appear in a	From:	Amount:			
Name of F	ederal Funding Source(s)					
		To:	Amount:			
Name of S	State Funding Source(s):	From:	Amount:			
		To:	Amount:			
Name of (City of Jacksonville Fundir	From:	Amount:			
I value of c	only of oacksonville i until	То:	Amount:			
Name of li	In-Kind Contribution(s):	From:	Amount:			
		То:	Amount:			
Name & N	lumber of Bond	From:	Amount:			

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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 interlocal agreement with St Johns County and will not require funding from COJ.									
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.									
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.							
Federal or State Mandate?	Х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.							
Fiscal Year Carryover?	Х	Note: If yes, note must include explanation of all-year subfund carryover language. These are all-years funds.							
CIP Amendment? Contract / Agreement Approval?	X	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 will provide oversight.							
Related RC/BT? Waiver of Code?	X	Attachment: If yes, attach appropriate RC/BT form(s). 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?	X	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.							

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ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No Continuation of Grant?	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? Reporting Requirements?	Attachment: If yes, attach appropriate form(s). Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating
Division Chief: Prepared By:	(signature) Date: 8/15/23 (signature)

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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o the Budget Office, St. James Suite 325							
Thru:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor							
	(Name, Job Title, Department)							
	Phone:255	-5006	E-mail:	bnorris@coj.net				
From:	Robin Smith, Chief, Engineering & Construction Management							
	Initiating Department Representative (Name, Job Title, Department)							
	Phone:255	-8710	E-mail:	robinsmith@coj.net				
Primary	Robin Smith, Chief, Engineering & Construction Management							
Contact:	(Name, Job Title, Department)							
	Phone: 255	-8710	E-mail:	robinsmith@coj.net				
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor							
	Phone: 255	-5006	E-mail:	bnorris@coj.net				
COUN	CIL MEMBER / IN	NDEPENDENT A	AGENCY /	CONSTITUTIONAL OFFICER TRANSMITTAL				
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To:	,			sel, St. James Suite 480				
	Phone: 904-2	55-5062	E-mail: m	staff@coj.net				
From:								
	Initiating Council Me	mber / Independen						
	Phone:		E-mail:					
Primary								
Contact:	(Name, Job Title, De	partment)						
	Phone:		E-mail:					
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor							
		-5006	E-mail:	bnorris@coj.net				
				<u>bliotria e coj.net</u>				
				UNOTTIS & CO., INC.				
l egislati	on from Independ	ent Agencies re	_					
_	•	ent Agencies re	_	esolution from the Independent Agency Board				
approvin	on from Independ g the legislation. dent Agency Actio	•	_					
approvin Indepen	g the legislation.	on Item: Yes	quires a re					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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