LEGISLATIVE FACT SHEET

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DATE: 07/05/23

BT or RC No: (Administration & City Council Bills)

BT

SPONSOR: Planning and Development

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Bill Killingsworth or Laurie Santana

Provide Name: Laurie Santana, Chief of Transportation Planning

Contact Number: 255-7857

Email Address: Lsantana@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

This transfer in the amount of \$1,458,000.00 is to move collected Bike/Ped Zone 2 Mobility Fees to CIP Project account 002585 for UNF Campus Bicycle Improvements to fund construction of a new Multi-Use Path.

APPROPRIATION:	Total Amount Ap	propriated	\$1,458,000.00	as follows:
List the source name	e and provide Ob	ject and Subob	ect Numbers for	each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
	То:	Amount:	
Name of City of Jacksonville Fundi	From: Mobility Fund - Zone 2 Bike/Ped fees PWCP - CIP project 002585 UNF Sidewalk	Amount:	\$1,458,000.00
	To: improvements	Amount:	\$1,458,000.00
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond Account(s):	From:	Amount:	
	То:	Amount:	

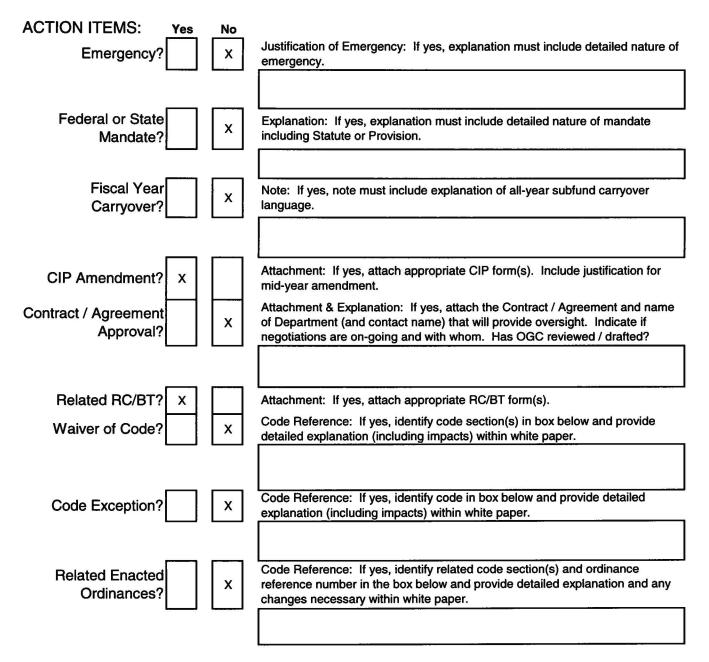
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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.

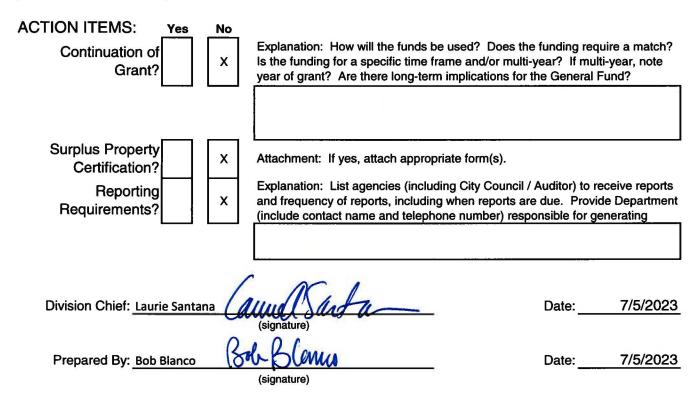
(Minimum of 350 words - Maximum of 1 page.)

This transfer from fund balance will not cause the City to incur any additional debt.

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



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



ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o the Budget Office, St. James Suite 325				
Thru:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	(Name, Job Ti	itle, Department)			
	Phone:	255-5006	E-mail:	Bnorris@coj.net	
From:	Bill Killingsworth, Director Planning & Development				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone:	255-7811	E-mail:	BillK@coj.net	
Primary	- Eache Banana, ether of transportation thanning Etheroft				
Contact:	Contact: (Name, Job Title, Department)				
	Phone:	255-7857	E-mail:	Lsantana@coj.net	
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	Phone:	255-5006	E-mail:	BNorris@coj.net	

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480

	Phone: 9	04-255-5062	E-mail: 1	nstaff@coj.net
From:			-	
	Initiating Coun	cil Member / Independer	nt Agency / (Constitutional Officer
	Phone:	-	E-mail:	
Primary				
Contact:	(Name, Job Ti	tle, Department)		
	Phone:		E-mail:	
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor			
	Phone:	255-5006	E-mail:	Bnorris@coj.net

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

No

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Independent Agency Action Item: Yes

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED