

## LEGISLATIVE FACT SHEET

DATE: 08/12/22

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

SPONSOR: Public Works  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Robin Smith

Provide Name: Robin Smith

Contact Number: 255-8710

Email Address: [robinsmith@coj.net](mailto:robinsmith@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.)

The Engineering and Construction Management Division of Public Works is seeking authorization of a locally-funded agreement between the City and the Florida Department of Transportation. Within this locally-funded agreement, the City agrees to pay the Florida Department of Transportation the sum of \$1,200,000 to help fund improvements, including the milling and resurfacing of SR 5/US 17 from State Street to Trout River. Included as part of the scope are the construction of traffic calming improvements from First Street to 12th Street.

APPROPRIATION: Total Amount Appropriated \$0.00 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)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____

Name of In-Kind Contribution(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond Account(s)	From: _____	Amount: _____
	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.)

Funding for this agreement is included the FY23 CIP budget.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? OGC has reviewed and Public Works will provide oversight. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s). 
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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?
				<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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
				<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Division Chief:   
 (signature)

Date: AUG 15 2022

Prepared By:   
 (signature)

Date: 8/12/22

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, Budget Office, St. James Suite 325

Thru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
 (Name, Job Title, Department)

Phone: 255-5006 E-mail: rachelz@coj.net

From: John Pappas, Director of Public Works, Public Works  
~~Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor~~  
 Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5006 8748 E-mail: rachelz@coj.net Pappas@coj.net

Primary Contact: Robin Smith, Chief of Emergency Contribution Management, Public W  
~~Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor~~  
 (Name, Job Title, Department)

Phone: 255-5006 8710 E-mail: Robin.Smith@coj.net rachelz@coj.net

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 255-5006 E-mail: rachelz@coj.net

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

To: Mary Staffasoulas  
Paige Johnston, Office of General Counsel, St. James Suite 480  
Phone: 255-5056 5062 E-mail: pjohnston@coj.net Mstaff (@) coj.net

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

CC: Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5006 E-mail: rachelz@coj.net

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

Independent Agency Action Item:    **Yes**    **No**  
Boards Action / Resolution?            Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

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