LEGISLATIVE FACT SHEET

DATE:	10/05/21		BT or RC (Administration & Ci	- 11	016
			(Administration & Ci	ty Council Bills)	
SPONSOR:		_	Public Works		
	-		(Department/Division/Agency/Council	Member)	
Contact for all inc	quiries and pr	esent	ation: Robin	Smith	
Provide Name:			Robin Smith		
Contact	Number:		255-8710		
Email Address:			robinsmith@coj.net		
Research will complete (Minimum of 350)	this form for Cou	ncil intro num of	ation is necessary? Provide; Who, What, When, duced legislation and the Administration is respo 1 page.) 000 grant funds from The Florida Fish and	nsible for all other legi:	slation.
this budget transfer in closing and removing multiple cul-de-sacs	is to aid in the fu g most of McCoy and sidewalk co	inding o y's Cree onnectio	of the McCoy's Creek Improvements project ek Boulevard, restoring McCoy's Creek, con ons, and replacing and raising two bridges to the City of Jacksonville not receiving need.	that includes, but is structing a multi-use hat cross over McCo	not limited to, path and
APPROPRIATION List the source_r (Name of Fund as it	ame and pro	vide C	Object and Subobject Numbers for e	as follows ach category list	
Name of Federal Ful	nding Source(s)	From:	National Fish and Wildlife Foundation	Amount:	\$4,300,000.00
		То:	City of Jacksonville	Amount:	\$4,300,000.00
Name of State Funding Source(ling Source(s):	From:		Amount:	
Name of State Funding Source(s).		То:		Amount:	
Name of City of Jac	ksonville Fundir	From:		Amount:	
		То:		Amount;	
Name of In-Kind Co	ntribution(s):	From:		Amount:	
		To:		Amount:	
Name & Number of	Bond	From:		Amount:	
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	- Ma:	kimum	of 1 page.)		
- 1							

This will not cause the City to incur any ad McCoy's Creek projects.	ditional debt; the required match will be met through existing CIP funds from
ACTION ITEMS: Purpose / Check code provisions for each.	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
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Federal or State Mandate? X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement	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 of the project. OGC and Risk
	Management have reviewed the request.
Related RC/BT? X 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? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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.
ACTION ITEMS CONTINUED: Pujustification, and code provisions for	urpose / Check List. If "Yes" please provide detail by attaching or 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	1	
Certification?	×	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	X	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
-		
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Division Chief:		Date: 9/8/2/
	1	(signature)
Prepared By:	1-0	Date: 9/7/21
		(signature)

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Jasm	iine Jordan, Bud	dget Office, St. James Suite 325
Thru:	John Pappas, Dire	ctor, Public Work	s Department
	(Name, Job Title, De		
	Phone: 255	-8748	E-mail: pappas@coj.net
From:	Robin Smith, Chief	f, Engineering and	d Construction Management
	Initiating Departmen	t Representative (N	Name, Job Title, Department)
	Phone: 255	-8710	E-mail: robinsmith@coj.net
Primary Contact:			d Construction Management
	Phone: 255	•	E-mail: robinsmith@coj.net
CC:	<u> </u>	•	overnmental Affairs, Office of the Mayor
	Phone: 255	5-5015	E-mail: <u>leeannk@coj.net</u>
COUN	CIL MEMBER / IN	NDEPENDENT A	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
T			
To:			al Counsel, St. James Suite 480
10:	Peggy Sidman, (Phone: 255		al Counsel, St. James Suite 480 E-mail: psidman@coj.net
From:			
	Phone: 255	5-5055	
	Phone: 255	ember / Independen	E-mail: psidman@coj.net
	Phone: 255 Initiating Council Me	ember / Independen	E-mail: psidman@coj.net nt Agency / Constitutional Officer
From:	Phone: 255 Initiating Council Me Phone:	ember / Independen	E-mail: psidman@coj.net nt Agency / Constitutional Officer
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From: Primary Contact:	Phone: 255 Initiating Council Me Phone: (Name, Job Title, De Phone: Leeann Krieg, De	ember / Independen	E-mail: psidman@coj.net nt Agency / Constitutional Officer E-mail:
From: Primary Contact:	Phone: 255 Initiating Council Me Phone: (Name, Job Title, De Phone: Leeann Krieg, De	ember / Independen epartment) irector of Intergo	E-mail:
From: Primary Contact: CC:	Phone: 255 Initiating Council Me Phone: (Name, Job Title, De Phone: Leeann Krieg, De Phone: 255	ember / Independen epartment) irector of Intergo	E-mail:
From: Primary Contact: CC: Legislati approvin	Phone: 255 Initiating Council Me Phone: (Name, Job Title, De Phone: Leeann Krieg, Di Phone: 255 on from Independ	ember / Independent epartment) irector of Intergo 5-5015	E-mail:
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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