## **LEGISLATIVE FACT SHEET**

DATE:	04/04/22			BT or RC No: $BT \lambda \lambda - 0.73$ (Administration & City Council Bills)				
SPONSOR:	Neighbor	Neighborhoods/Environmental Quality Division/Environmental Protection Board						
		(Department/Division/Agency/Council Member)						
Contact for all	inquiries and p	resent	ation: James Rich	nardson				
Provide Name:		James Richardson						
Contact Number:		904-255-7213						
Email Address:		jrichard@coj.net						
	ete this form for Cou	uncil intro	ation is necessary? Provide; Who, What, When, Wh duced legislation and the Administration is responsi 1 page.)					
installation of a pil	ot project to treat	stormwa	al Protection Trust Fund to provide support for ater before direct discharge to the river.					
List the source	name and pro	ovide C	Appropriated \$274,000.00  Object and Subobject Numbers for each	as follows th category lis				
(Name of Fund as	it will appear in ti	tle of leg	jislation)					
Name of Federal Fun	unding Source(s)	From:		Amount: _				
		То:		Amount:				
Name of State Fundii	nding Source(s):	From:		Amount:				
	namg doared(b).	То:		Amount:				
Name of City of Jack	lankaan illa Eussii	From:	Environmental Protection Fund - Fund Balance	Amount:	\$274,000.00			
	acksonvine i undii	То:	Environmental Protection Board Trust Fund	Amount:	\$274,000.00			
Name of In-Kind Con	Contribution(s):	From:		Amount:				
		To:		Amount:				
Name & Number of E Account(s):	of Bond	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.)					
The funding will come from the Environmental Protection Trust Fund for the project. Central Pipe Rehab, LLC will complete this project with no General Fund contribution.					
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.				
Federal or State  Mandate?	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.				
Fiscal Year X	Note: If yes, note must include explanation of all-year subfund carryover language.				
CIP Amendment? X  Contract / Agreement	Through FY 2024  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?				
السيسا السيسا	The Neighborhoods Department will provide oversight.				
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.  Waive 110.112 to allow for the advance of City funds as the initial payment is before the completion of the project.				
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.  Legislation will be specifically for Central Pipe Rehab, LLC to implement the project. For this reason, an exception to Section 126.107(g), Ordinance Code (supplies or services to be provided by those specifically prescribed within authorizing legislation that appropriates the same), is required.				
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.				

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changes necessary within white paper.

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

ACTION	NITEMS:	Yes	No					
Co	ontinuation o Grant		×	Is the funding for a	will the funds be used specific time frame a there long-term impli	nd/or <mark>multi</mark> -y	ear? If multi-	year, note
Ì	plus Propert Certification Reporting equirements	? g <sub>v</sub>	X	Explanation: List a and frequency of re (include contact na	, attach appropriate for gencies (including Cite eports, including wher me and telephone nu I report on monitoring	y Council / / reports are mber) respo	due. Provide nsible for ger	Department nerating
Divis	ion Chief:	Meli.	use )	M- Rry (signature)			Date: 4	13/22
Prepared By: James Richardson Date:4/4/2022 (signature)								
			<u>AC</u>	<u> MINISTRATIVE</u>	TRANSMITTAL			
To:	MBRC, c/o	Jasmin	e Jorda	n, 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							
	Phone:	255-5	006	_ E-maii: <u>ra</u>	chelz@coj.net			
From: Bryan Mosier, Director, Neighborhoods Department Initiating Department Representative (Name, Job Title, Department)								
	Phone:	255-7	-	•	mosier@coj.net			
Duimana	_			_				
Primary Contact:				on Chief, Environm	nental Quality Division	on	<del> </del>	
	Phone:	255-7	•	F-mail: m	elissaL@coj.net			
00.				-		the Mayer	- 12	
CC:	Phone:	mer, in 255-5	_	rnmental Attairs E-mail:	Liaison, Office of rachelz@coj.ne			
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## **COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

lo:	Peggy Sidman, Office of General Counsel, St. James Suite 480							
	Phone: _	255-5055	E-mail:	psidman@coj.net				
From:								
	Initiating Cou	ıncil Member / Indepe	ndent 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				
approvir Indepen	ng the legisl dent Agenc	ation. y Action Item:	/es No	resolution from the Independent Agency Board  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?  Minutes from the Environmental Protection Board Meeting are attached.				

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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