LEGISLATIVE FACT SHEET

DATE:	05/06/2	2	BT or RC No: $BT + 2 - 0 + 1$ (Administration & City Council Bills)			
SPONSOR: Public Works/Engineering & Construction Management (Department/Division/Agency/Council Member)					nt	
Contact for all inquiries and presentations Robin Smith						
Provide Name: Robin Smith						
Contact Number:		2	255-8710			
Email A	ddress:	Robir	Smith@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 budget transfer re-appropriates funds within existing projects, appropriates previously de-appropriated funds, and appropriates funds to several projects. Deferral of this amendment of the CIP until the annual budget and CIP review will be detrimental to the best interest of the community because such deferral will result in the unnecessary delay of these essential roadway improvements.						
APPROPRIATION: Total Amount Appropriated \$218,860,324.34 as follows: (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 Jacks	sonville Fundir	From: COJ			Amount:	\$218,860,324.34
		To: COJ			Amount:	\$218,860,324.34
Name of In-Kind Contribut	ribution(s):	From:			Amount:	
		To:			Amount:	
Name & Number of B Account(s):	ond	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.)

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

ACTION ITEMS: Yes	No	
Emergency?	X	Justification of Emergency: If yes, explanation must include detailed nature of
	L	emergency.
Federal or State		Explanation: If yes, explanation must include detailed nature of mandate
Mandate?		including Statute or Provision.
	 1	
Fiscal Year		Note: If yes, note must include explanation of all-year fund carryover
Carryover?		language.
CIP Amendment? 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
Contract / Agreement Approval?	X	of Department (and contact name) that will provide oversight. Indicate if
		negotiations are on-going and with whom. Has OGC reviewed / drafted?
		
Related RC/BT? X		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	x	Code Reference: If yes, identify code section(s) in box below and provide
		detailed explanation (including impacts) within white paper.
	F	
Code Exception?	X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
	L	explanation (including impacts) within white paper.
		Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted	x	reference number in the box below and provide detailed explanation and any
Ordinances?		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 ITEMS: Ye	s No			
Continuation of Grant?	x	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?	x	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		
	~			
	Man-	Date: 5/9/22		
Prepared By:	2 Dr	(signature) Date: $5/9/22$ (signature)		

ADMINISTRATIVE TRANSMITTAL

MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor				
	(Name, Job T	ïtle, Department)			
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>		
From:	om: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>	_	
Primary Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor					
Contact	(Name, Job T	Title, Department)			
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>		
CC:	Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor				
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>		

To:

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone:	255-5055	E-mail:	psidman@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		
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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