LEGISLATIVE FACT SHEET

DATE:	07/18/22	BT or RC No:	BTJ	2-110
		(Administration & City Co	ouncil Bills)	
SPONS	OR:	Public Works		
	-	(Department/Division/Agency/Council Mem	ıber)	
Contact	for all inquiries and p	resentations Robin Smi	ith	
Provide	Name:	Robin Smith		* *** **
	Contact Number:	255-8710		
	Email Address:	robinsmith@coj.net	•	
Research v		his legislation is necessary? Provide; Who, What, When, Where uncil introduced legislation and the Administration is responsible mum of 1 nage.		
This BT is for the pu	s necessary to appropriate rpose of dredging sedimer	\$1,369,117.00 in grant funds from the Florida Department from the bottom and banks of Wills Branch Creek. Defille not receiving needed grant funds.		
List the	PRIATION: Total Ansource name and pro Fund as it will appear in ti	ovide Object and Subobject Numbers for each	as follows category lis	
Name of E	Endoral Eurodina Course(a)	From:	Amount:	
Name of F	Federal Funding Source(s)	То:	Amount:	
Name of State Funding Source(s)	State Funding Source(s):	From: Florida Department of Environmental Protection	Amount:	\$1,369,117.00
		To: City of Jacksonville	Amount:	\$1,369,117.00
Name of	f City of Jacksonville Fundir	From:	Amount:	
Name of C		То:	Amount:	
Name of	In Kind Contribution(a)	From:	Amount:	
Name of	f In-Kind Contribution(s):	То:	Amount:	
Name & I	Number of Bond	From:	Amount:	
Account(s	s):	To	- Amount:	

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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.)
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The Florida Department of Environmental P Project.	rotection will provide \$1,369,117.00 to the City for the Wills Branch Dredge
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? 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 Approval? 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 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 has 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: Pur justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching reach.

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 Certification? Reporting Requirements?	Attachment: If yes, attach appropriate form(s). 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
Division Chief: Prepared By:	Date: 7/25/22 Date: 7/25/22

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ADMINISTRATIVE TRANSMITTAL

10:	MBRC, Budget Office, St. James St	uite 325
Thru:	Rachel Zimmer, Director of Intergoverni	mental Affairs, Office of the Mayor
	(Name, Job Title, Department)	
	Phone: 255-5006 E-	mail: rachelz@coj.net
From:	Rachel Zimmer, Director of Intergoverni	
	Initiating Department Representative (Name	
	Phone: 255-5006 E-	mail: rachelz@coj.net
Primary Contact:	Tradition Emiliary Emiliary of milet govern	mental Affairs, Office of the Mayor
Contact:	(Name, cob Title, Department)	
	Phone: 255-5006 E-	mail: rachelz@coj.net
CC:	Rachel Zimmer, Intergovernmental	Affairs Liaison, Office of the Mayor
	Phone: 255-5006 E-	mail: rachelz@coj.net
COUN	NCIL MEMBER / INDEPENDENT AGI	ENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
T	Daine Johnston Office of Congret C	Name of Taken Culta 400
To:	Paige Johnston, Office of General C Phone: 255-5056 E-	
		Counsel, St. James Suite 480 mail: pjohnston@coj.net
To: From:	Phone: 255-5056 E-	mail: pjohnston@coj.net
	Phone: 255-5056 E- Initiating Council Member / Independent Age	mail: pjohnston@coj.net ency / Constitutional Officer
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From: Primary Contact: CC:	Phone: 255-5056 E- Initiating Council Member / Independent Agr Phone: E- (Name, Job Title, Department) Phone: E- Rachel Zimmer , Intergovernmental Phone: 255-5006 E-	mail:pjohnston@coj.net ency / Constitutional Officer mail: mail: Affairs Liaison, Office of the Mayor mail: rachelz@coj.net
From: Primary Contact: CC:	Phone: 255-5056 E- Initiating Council Member / Independent Agr Phone: E- (Name, Job Title, Department) Phone: E- Rachel Zimmer , Intergovernmental Phone: 255-5006 E- tion from Independent Agencies requi	mail:pjohnston@coj.net ency / Constitutional Officer mail: mail: Affairs Liaison, Office of the Mayor
From: Primary Contact: CC: Legislatic approvin	Phone: 255-5056 E- Initiating Council Member / Independent Agr Phone: E- (Name, Job Title, Department) Phone: E- Rachel Zimmer , Intergovernmental Phone: 255-5006 E- tion from Independent Agencies requiring the legislation.	mail:pjohnston@coj.net ency / Constitutional Officer mail: mail: Affairs Liaison, Office of the Mayor mail: res a resolution from the Independent Agency Board
From: Primary Contact: CC: Legislatic approvin Independ	Phone: 255-5056 E- Initiating Council Member / Independent Age Phone: E- (Name, Job Title, Department) Phone: E- Rachel Zimmer , Intergovernmental Phone: 255-5006 E- tion from Independent Agencies requiring the legislation. Indent Agency Action Item: Yes	mail:pjohnston@coj.net ency / Constitutional Officer mail: mail: Affairs Liaison, Office of the Mayor mail: res a resolution from the Independent Agency Board No
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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