

LEGISLATIVE FACT SHEET

DATE: 07/19/22

BT or RC No: BT 22-108
 (Administration & City Council Bills)

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

Contact for all inquiries and presentation: Chris LeDew

Provide Name: Chris LeDew

Contact Number: 255-7528

Email Address: CLeDew@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 purpose of this budget transfer is to utilize \$2,000,000.00 from two countywide enhancement projects (Countywide Intersection Imp-Intersection and Traffic Signalization-Countywide) to fund four projects (Monument Rd Pedestrian Crossing, Picketville Turn Widening, Lenox at Old Middleburg - Intersection Improvements, and St Johns Bluff at Alumni Way - Traffic Signal). Deferral of this CIP Amendment until the next CIP would be detrimental of the City as it would result in the unnecessary delay of completion of projects.

APPROPRIATION: Total Amount Appropriated \$2,000,000.00 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 Funding	From: COJ	Amount: \$2,000,000.00
	To: COJ	Amount: \$2,000,000.00

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

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

This transfer will not result in the City incurring additional debt. Existing allocations are being re-allocated.

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. These are all-years funds. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" 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? <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s). <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
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?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: 
(signature)

Date: _____

Prepared By: 
(signature)

Date: 7/19/22

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, 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, Public Works
~~Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor~~ Public Works
Initiating Department Representative (Name, Job Title, Department)

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

Primary Contact: Lee Dupree, Assistant Finance & Admin Manager, Public Works
~~Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor~~
(Name, Job Title, Department)

Phone: 255-5006 8508 E-mail: ~~rachelz@coj.net~~ LDupree@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: ~~Peggy Sidman, Office of General Counsel, St. James Suite 480~~

Mary Stoffopoulos

Phone: 5062 255-5055 E-mail: MStaff@coj.net
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

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