# **LEGISLATIVE FACT SHEET**

| DATE:                           | 02/04/22  | BT or RC No:   |
|---------------------------------|---|--|
|                                 |   |  |
|                                 |   |  |
|                                 |   |  |
| SPONSOR:                        | Public Works/Re   | al Estate in Councilmember Priestly Jackson's District 10  |
|                                 |   | (Department/Division/Agency/Council Member)  |
| Contact for                     | all inquiries and presen                                      | tation: Renee Hunter   |
| Provide Nar                     | ne:   | Renee Hunter, Chief, Real Estate Division  |
| Co                              | ontact Number:  | 904-255-8234   |
| En                              | nail Address:   | ReneeH@coj.net.  |
| Research will co                | omplete this form for Council intr<br>f 350 words - Maximum o | · - ·  |
| Council to app<br>Plat Book 12, | prove the closure and abando                                  | Works Real Estate Division to request the legislation necessary for the City onment of an unopened and unimproved portion of Jean Place, as recorded in f the Current Public Records of Duval County, Florida. See maps attached and |
|                                 |   | .C, has requested the closure to connect its adjacent property. The applicant has . No City, State, or other agency has objected to this closure request.  |
| If additional in                | formation or assistance is re                                 | quired, please contact Renee Hunter at 255-8234 or ReneeH@coj.net.   |
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| Name of Fund as it will appear in t   | tie of legislation)  |   |
|---|--|---|
| Name of Federal Funding Source(s  | From:  | Amount:   |
|   | То:  | Amount:   |
| Name of State Funding Source(s)   | From:  | Amount:   |
|   | To:  | Amount:   |
| Name of City of Jacksonville  | From:  | Amount:   |
| inding Source(s):   | То:  | Amount:   |
| ame of In-Kind Contribution(s):   | From:  | Amount:   |
| Name of In-Kind Contribution(s):  | To:  | Amount:   |
|   | То:  | Allound   |
| ame & Number of Bond  | From:  | Amount:   |
| PLAIN LANGUAGE OF APF Explain: Where are the funds com  | To:  ROPRIATION / FINANCIAL Ing from, going to, how will the fund  | Amount:  Amount:  MPACT / OTHER: is be used? Does the funding require a match?  |
| LAIN LANGUAGE OF APF  Explain: Where are the funds come funding for a specific time fram 22 & 106 regarding funding of and Alinimum of 350 words - Maximum of the applicant has paid the \$2,091.   | From:  To:  ROPRIATION / FINANCIAL I and from, going to, how will the funder? Will there be an ongoing mainted cipated post-construction operation of 1 page.) | Amount:  Amount:  MPACT / OTHER: is be used? Does the funding require a match? Itemance? and staffing obligation? Per Chapters                |
| LAIN LANGUAGE OF APP  Applain: Where are the funds come  of funding for a specific time fram  22 & 106 regarding funding of and  dinimum of 350 words - Maximum on  applicant has paid the \$2,091. | From:  To:  ROPRIATION / FINANCIAL I and from, going to, how will the funder? Will there be an ongoing mainted cipated post-construction operation of 1 page.) | Amount:  Amount:  MPACT / OTHER: Is be used? Does the funding require a match? It is be used? and staffing obligation? Per Chapters in costs. |
| CLAIN LANGUAGE OF APP EXPLAIN: Where are the funds come funding for a specific time fram 22 & 106 regarding funding of an Minimum of 350 words - Maximum of applicant has paid the \$2,091.         | From:  To:  ROPRIATION / FINANCIAL I and from, going to, how will the funder? Will there be an ongoing mainted cipated post-construction operation of 1 page.) | Amount:  Amount:  MPACT / OTHER: Is be used? Does the funding require a match? It is be used? and staffing obligation? Per Chapters in costs. |
| LAIN LANGUAGE OF APF  Explain: Where are the funds come funding for a specific time fram 22 & 106 regarding funding of and Alinimum of 350 words - Maximum of the applicant has paid the \$2,091.   | From:  To:  ROPRIATION / FINANCIAL I and from, going to, how will the funder? Will there be an ongoing mainted cipated post-construction operation of 1 page.) | Amount:  Amount:  MPACT / OTHER: Is be used? Does the funding require a match? It is be used? and staffing obligation? Per Chapters in costs. |
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACTION ITEMS: Yes    | No No        |  |
|----------------------|--------------|--|
| Emergency?           | <sub>x</sub> | Justification of Emergency: If yes, explanation must include detailed nature of  |
|                      |              | emergency.   |
|                      |              |  |
|                      |              |  |
|                      |              |  |
| 27                   |              |  |
| Federal or State     |              | Explanation: If yes, explanation must include detailed nature of mandate   |
| Mandate?             | ×            | including Statute or Provision.  |
| Wallato:             |              |  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
| Fiscal Year          |              | Note: If yes, note must include explanation of all-year subfund carryover  |
| Carryover?           | X            | language.  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
| CIP Amendment?       |              | Attachment: If yes, attach appropriate CIP form(s). Include justification for  |
| CIP Amendment:       | _            | mid-year amendment.  |
| Contract / Agreement |              | Attachment & Explanation: If yes, attach the Contract / Agreement and name   |
| Approval? x          | 111          | of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?   |
|                      |              | OGC has reviewed and approved the Hold Harmless Covenant template.   |
|                      |              | odo nao romovou una approvou mo riola naminoso octonam template.   |
|                      |              | 9  |
|                      |              |  |
|                      |              |  |
| Related RC/BT?       | X            | Attachment: If yes, attach appropriate RC/BT form(s).  |
| Ticiated Ticibit.    | <b>-</b>     |  |
| Waiver of Code?      | x            | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.   |
|                      |              | actually experience (industrial industrial i |
|                      |              |  |
| = -                  |              |  |
| Code Exception?      | x            | Code Reference: If yes, identify code in box below and provide detailed  |
| 28                   | لــا لـ      | explanation (including impacts) within white paper.  |
|                      |              |  |
|                      |              |  |
| Related Enacted      |              | Code Reference: If yes, identify related code section(s) and ordinance   |
| Ordinances?          | ×            | reference number in the box below and provide detailed explanation and any   |
|                      |              | changes necessary within white paper.  |
|                      |              |  |
|                      |              |  |
|                      |              |  |
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ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACT | TION ITEMS:  | Yes      | No   |   |                           |   |
|-----|--|----------|------|---|---------------------------|---|
|     | Continuation of<br>Grant?  |          | ×    | Is the funding for a spe                      |                           | s the funding require a match?<br>nulti-year? If multi-year, note<br>for the General Fund?        |
|     |  | 1.5      |      | - :   |                           | 2   |
|     |  |          |      |   |                           |   |
|     |  |          |      | A 4 5 8 5                                     |                           |   |
|     |  |          |      | - L =-  |                           |   |
|     | Surplus Property<br>Certification?<br>Reporting<br>Requirements? |          | х    | Explanation: List agen and frequency of repor | ts, including when report | ncil / Auditor) to receive reports<br>s are due. Provide Department<br>responsible for generating |
|     | Division Chief:  | <u>_</u> | Hera | (signature)                                   |                           | Date: 2/4/22  |
|     | Prepared By:   | Jana     | men) |   |                           | Date: 2/4/22  |

## **ADMINISTRATIVE TRANSMITTAL**

| To:                 | MBRC, c/o Jasmine Jordan, Bu   | udget Office, St. James Suite 325  |  |  |  |
|---------------------|--|--|--|--|--|
| Thru:               | John P. Pappas, Director, Public Works Department  |  |  |  |  |
|                     | (Name, Job Title, Department)  |  |  |  |  |
|                     | Phone: 255-8748  | E-mail: pappas@coj.net   |  |  |  |
| From:               |  |  |  |  |  |
|                     | Initiating Department Representative   | (Name, Job Title, Department)  |  |  |  |
|                     | Phone: 255-5006  | E-mail: rachelz@coj.net  |  |  |  |
| Primary Contact:    |  | al Affairs Liaison, Office of the Mayor  |  |  |  |
| Contact.            | (Marie, ood Title, Department)   |  |  |  |  |
|                     | Phone: 255-5006  | E-mail: rachelz@coj.net  |  |  |  |
| CC:                 | Rachel Zimmer, Director of Inte  | ergovernmental Affairs, Office of the Mayor  |  |  |  |
|                     | 904-255-5006 E-mail: <u>rachel</u>   | z@coj.net  |  |  |  |
|                     |  |  |  |  |  |
|                     |  |  |  |  |  |
| COUN                | CIL MEMBER / INDEPENDENT   | T AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL  |  |  |  |
|                     |  |  |  |  |  |
| To:                 | Peggy Sidman, Office of Gene   | eral Counsel, St. James Suite 480  |  |  |  |
|                     | Phone: 904-255-5055  | E-mail: psidman@coj.net  |  |  |  |
| From:               |  |  |  |  |  |
|                     | Initiating Council Member / Independent  | ent Agency / Constitutional Officer  |  |  |  |
|                     | Phone:   |  |  |  |  |
| Delegant            |  |  |  |  |  |
| Primary<br>Contact: |  |  |  |  |  |
| Oontag.             | (Name, Job Title, Department)  |  |  |  |  |
|                     | Phone:   | E-mail:  |  |  |  |
| CC:                 | Dealer Zinese Disease of lat   |  |  |  |  |
|                     | Hachel Zimmer, Director of Inte  | ergovernmental Affairs, Office of the Mayor  |  |  |  |
|                     | 904-255-5006 E-mail: <u>rache</u>  | -  |  |  |  |
|                     |  | -  |  |  |  |
| 1 egislati          | 904-255-5006 E-mail: <u>rache</u>  | lz@coj.net   |  |  |  |
| _                   | 904-255-5006 E-mail: <u>rache</u>  | -  |  |  |  |
| approvir            | 904-255-5006 E-mail: <u>rache</u>  | requires a resolution from the Independent Agency Board  |  |  |  |
| approvir<br>Indepen | 904-255-5006 E-mail: rache from Independent Agencies ag the legislation.  dent Agency Action Item: Yes | requires a resolution from the Independent Agency Board  No Attachment: If yes, attach appropriate documentation. If no, |  |  |  |
| approvir<br>Indepen | 904-255-5006 E-mail: <u>rache</u> on from Independent Agencies ng the legislation.                     | requires a resolution from the Independent Agency Board  |  |  |  |

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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# City of Jacksonville, Florida

## Lenny Mayor

Department of Public Works Real Estate Division 214 N. Hogan Street, 10th Floor Jacksonville, FL 32202 (904) 255-8700 www.coj.net

ONE CITY. ONE JACKSONVILLE.

February 4, 2022

TO:

Brian Hughes, Chairman

Mayor's Budget Review Committee

THRU:

John Pappas, P.E.

Director, Public Works Departmen

FROM:

Renee Hunter

Chief, Public Works Real Estate Division

SUBJECT:

Proposed Right-of-Way Closure Jean Place

RE# 005349-0000 for Location Purposes

Please provide authorization for the Public Works Real Estate Division to request the legislation necessary for the City Council to approve the closure and abandonment of an unopened and unimproved portion of Jean Place, as recorded in Plat Book 12, Page 44, Everest Heights, of the Current Public Records of Duval County, Florida. See maps attached and RE# 005349-0000 for location purposes.

The Applicant, Shaw's Land Properties, LLC, has requested the closure to connect its adjacent property. The applicant has paid the \$2,091.00 closure application fee. No City, State, or other agency has objected to this closure request.

If additional information or assistance is required, please contact Renee Hunter at 255-8234 or ReneeH@coi.net.

Thank you

RH/jn

CC:

Honorable Brenda Priestly Jackson, Council District 10

Attachments