

APPROPRIATION: Total Amount Appropriated _____ 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 Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s)	From: _____	Amount: _____
	To: _____	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.)

<p>The applicant has paid the \$2,091.00 closure application fee which has been deposited in the General Fund 00111.152001.349070.000000.00000000.00000.</p>
--

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.

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.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
------------------------	--------------------------	-------------------------------------

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----------------	--------------------------	-------------------------------------

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input 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?

OGC has approved the hold harmless covenant template.

Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----------------	--------------------------	-------------------------------------

Attachment: If yes, attach appropriate RC/BT form(s).

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.

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.

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.

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

ACTION ITEMS:

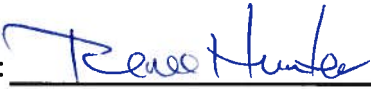
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: 3/22/23

Prepared By: 
(signature)

Date: 3/22/23

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Steven D. Long Jr., P.E., Director Public Works

Phone: 255-8763

E-mail: slong@coj.net

From: Renee Hunter, Chief, Real Estate

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8234

E-mail: reeneh@coj.net

Primary Contact: Renee Hunter, Chief, Real Estate

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8234

E-mail: reeneh@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480

Phone: 904-255-5062

E-mail: mstaff@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, Director of Intergovernmental Affairs, 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



ONE CITY. ONE JACKSONVILLE.

(23) 3-27-23
City of Jacksonville, Florida

Lenny Curry, Mayor

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

March 22, 2023

TO: Brian Hughes, Chairman
Mayor's Budget Review Committee

THRU: Steven D. Long Jr., P.E.
Director, Public Works Department

FROM: Renee Hunter
Chief, Public Works Real Estate Division

SUBJECT: Proposed Right-of-Way Closure Part of Bettes Lane
RE# 101346-0000 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 opened and unimproved portion of Bettes Lane, as established in the Plat of Ortega as recorded in Plat Book 3, Page 40, of the Current Public Records of Duval County, Florida. See maps attached and RE# 101346-0000 for location purposes.

The Applicant, Patrick and Liza Emmet, has requested the closure to expand their residential yard and add a fence. The applicant has paid the \$2,091.00 closure application fee. No City, State, or other agency has objected to this closure request.

An easement for utilities, facilities, and access will be reserved over the closure area in favor of JEA and AT&T. 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@coj.net.

Thank you

RH/sb

cc: Honorable Randy DeFoor Council District 14

Attachments

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE

DATE MAR 27 2023

LD