

LEGISLATIVE FACT SHEET

DATE: 06/10/20

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Public Works/Real Estate/CM Joyce Morgan , CD 1
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Public Works, Real Estate

Provide Name: Renee Hunter

Contact Number: 904-255-8234

Email Address: reeneh@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.)

Please provide the Real Estate Division with authority to request the legislation necessary for City Council to approve the closure and abandonment of the right-of-way of Pic-to-Yone Street adopted as a County Road by Resolution, dated March 30, 1949, and recorded in Deed book 251, page 424, and Deed Book 253, Page 362, of the Official Records of Duval County, Florida. See RE# 136277-0000 for location purposes, maps attached.

The applicant owns the properties on both sides of the closure area and will use the area to consolidate the two properties for the owner's personal use. The applicant has paid the application fee of \$2,091.00.

There were no objections to the closure of the right-of-way by any City, State or utility agency.

If you require additional information, please call Joe Namey at 904-255-8792.

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 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"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

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

Hold Harmless Covenant form approved by OGC.

Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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.

Resolution dated March 30, 1949, and recorded in Deed book 251, page 424, and Deed Book 253, Page 362, of the Official Records of Duval County, Florida

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?

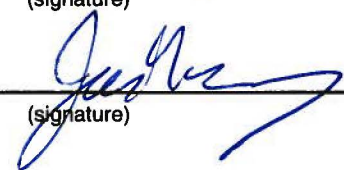
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Division Chief: Renee Hunter 
(signature)

Date: 6/10/2020

Prepared By: Joe Namey 
(signature)

Date: 6/10/20

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget 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: Renee Hunter, Chief, Real Estate Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8234

E-mail: ReneeH@coj.net

Primary Contact: Joe Namey, Land Acquisition and Disposition Manager, Real Estate Division

(Name, Job Title, Department)

Phone: 255-8792

E-mail: namey@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: JElsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: JElsbury@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