LEGISLATIVE FACT SHEET

DATE:	09/07/21	BT or RC No:
SPONSOR:		te in Councilmember Reggie Gaffney's District 7
	(L	Department/Division/Agency/Council Member)
Contact for all inc	quiries and presentations_	Renee Hunter
Provide Name:		Renee Hunter, Chief, Real Estate Division
Contac	t Number:	904-255-8234
Email A	Address:	ReneeH@coj.net
Research will complete (Minimum of 350	this form for Council introduced lewords - Maximum of 1 page	necessary? Provide; Who, What, When, Where, How and the Impact.) Council orislation and the Administration is responsible for all other legislation. 2.) Real Estate Division to request the legislation necessary for the City
in Plat Book 6 Page		of an unopened and unimproved portion of 7th Street East, as recorded e Current Public Records of Duval County, Florida. See maps attached
	ng Land Holdings LLC, has requent and materials.	quested the closure in order to expand its use of its property for storage
Jacksonville a perpe the Closure area.	tual, unobstructed 25-foot drain	ed over the closure area in favor of JEA, and reserving unto the City of nage easement over, under, through and across the southern 25 feet of cation fee. No City, State, or other agency has objected to this closure
	tion or assistance is required, p	olease contact Renee Hunter at 255-8234 or ReneeH@coj.net.
Thank You	.o. o. dosiotarios io rodanosi, p	
THAIR TOU		

Page 1 of 5 Rev. 8/2/2016 (CLB RM)

APPROPRIATION: Total A		as follows:
		bers for each category listed below:
Name of Fund as it will appear in t	tle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
varie of state I tilitating socioc(s).	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
lana of la Kinsk Contribution/ale	From:	Amount:
Name of In-Kind Contribution(s):	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
Explain: Where are the funds comit the funding for a specific time frame 122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of	e? Will there be an ongoing maintenance cipated post-construction operation cost 1 page.) O closure application fee which has been	used? Does the funding require a match? Is ce? and staffing obligation? Per Chapters ts.
	2	

Page 2 of 5 Rev. 8/2/2016 (CLB RM)

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

ACTION ITEMS: Y	es No	
Emergency?	x	Justification of Emergency: If yes, explanation must include detailed nature of
٠ , ٢		emergency.
Fodovel or Otata		
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
iviatidate:		The state of the s
Final Vas-		
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
Oallyovel:		
		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	of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
L		OGC has reviewed and approved the Hold Harmless Covenant template.
Related RC/BT?	X	Attachment: If yes, attach appropriate RC/BT form(s).
-	$\dashv \vdash \vdash$	Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code?	X	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.
Dalahad Farada d		Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted Ordinances?	x	reference number in the box below and provide detailed explanation and any
Ordinances!		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?	x	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?	x	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	х	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
12		
Division Chief	1	(signature)
Prepared By:	er	Date: 4-1)-21
		(signature)

ADMINISTRATIVE TRANSMITTAL

	MBRC, c/o Jasmine Jordan, 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 D	ivision			
	Initiating Department Representative (N	larne, Job Title, Department)			
	Phone: 255-8234	E-mail: ReneeH@coj.net			
Primary	Renee Hunter, Chief, Real Estate D	ivision			
Contact:					
	Phone: 255-8234	E-mail: ReneeH@coj.net			
CC:		overnmental Affairs, Office of the Mayor			
	904-255-5015 E-mail: <u>Leeann</u>	K@coj.net			
COUN	CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
To:	Peggy Sidman, Office of General	al Counsel, St. James Suite 480			
	Phone: 904-255-5055	E-mail: psidman@coj.net			
_					
From:					
From:	Initiating Council Member / Independen	t Agency / Constitutional Officer			
From:	Initiating Council Member / Independent				
	Phone:	E-mail:			
Primary	Phone:				
Primary	Phone: (Name, Job Title, Department)	E-mail:			
Primary Contact:	Phone:(Name, Job Title, Department) Phone:	E-mail:			
Primary	Phone: (Name, Job Title, Department) Phone: Leeann Krieg, Director of Interget	E-mail: E-mail: overnmental Affairs, Office of the Mayor			
Primary Contact:	Phone:(Name, Job Title, Department) Phone:	E-mail: E-mail: overnmental Affairs, Office of the Mayor			
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Primary Contact: CC: Legislati approvin	Phone:(Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergoration on from Independent Agencies registre legislation.	E-mail: E-m			
Primary Contact: CC: Legislati approvin	Phone: (Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergord 904-255-5015 E-mail: Leeann on from Independent Agencies registed the legislation. dent Agency Action Item: Yes	E-mail: E-m			
Primary Contact: CC: Legislati approvin	Phone:(Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergoration on from Independent Agencies registre legislation.	E-mail: E-m			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 5 of 5 Rev. 8/2/2016 (CLB RM)