

## LEGISLATIVE FACT SHEET

DATE: 03/04/24

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

SPONSOR: Finance and Administration - Accounting Division  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: \_\_\_\_\_

Provide Name: Marcia Saulo, City Comptroller and Obaku Nyomah, Accounting Supervisor

Contact Number: 255-5261 and 255-5268

Email Address: msaulo@coj.net and Onyomah@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.)

Pursuant to Section 112.110, Ord. Code, the Accounting Division processes numerous Settlement Agreements of Demolition and Nuisance Liens. Based upon the minimum dollar threshold, such agreements are routed for approval to the Accounting Manager, the Assistant Comptroller, the Director of Finance and Administration, the Chief Administrative Officer and the Mayor. On rare occasions, an applicant submits an agreement wherein the City lien amounts to greater than \$100,000.00. Section 112.110 (e), Ord. Code provides that agreements in excess of \$100,000.00 should be approved by the Jacksonville City Council. Accordingly, the owner of the property located at 439 East 1st Street seeks to construct a new single family home on the property in exchange for the City's reducing the lien based upon Policy implemented for Nuisance and Demolition liens. This legislation seeks the City Council's authorization to enter into the agreement to reduce a lien for \$105,338.64 plus accrued interest.

APPROPRIATION: Total Amount Appropriated: n/a 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.)

The funding impact will cause a new single family home to be constructed on vacant property which will add to the property tax rolls.

**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.<br><div></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.<br><div></div>  |
| Fiscal Year Carryover?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language.<br><div></div>   |
| 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 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?<br><div></div>                 |
| 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.<br><div></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.<br><div></div>   |
| Related Enacted Ordinances?    | <input checked="" type="checkbox"/> | <input 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.<br><div>Section 112.110, Ord. Code. See explanation above.</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 checked="" type="checkbox"/> | <input 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 reports.

The Finance and Administration Department, Neighborhoods and Planning.

Division Chief:

  
(signature)

Date: 3/19/24

Prepared By:

(signature)

Date:

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Brittany Norris, Inter-governmental Liaison

(Name, Job Title, Department)

Phone: 667-9326

E-mail: Bnorris@coj.net

From: Marcia Saulo, City Comptroller, Accounting Division - Finance and Administration Department

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5261

E-mail: msaulo@coj.net

Primary Contact: Obaku Nyomah, Accounting Supervisor

(Name, Job Title, Department)

Phone: 255-5268

E-mail: onyomah@coj.net

CC: Justice Tsenuokpor, Manager of Accounting Services

Phone: 255-5254

E-mail: Jtsenuokpor@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: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**