LEGISLATIVE FACT SHEET

DATE:	09/22/21	BT or RC No:
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SPONSO	R: Public Works/Real Es	state in Councilmember Brenda Priestly-Jackson's District 10
		(Department/Division/Agency/Council Member)
Contact fo	or all inquiries and presentation	ns Renee Hunter
Provide N	ame:	Renee Hunter, Chief, Real Estate Division
(Contact Number:	904-255-8234
1	Email Address:	ReneeH@coj.net.
Research will (Minimum	complete this form for Council introduced of 350 words - Maximum of 1 pages 150 words - Maxim	
Council to a Current Pub	pprove the closure and abandonmer	s Real Estate Division to request the legislation necessary for the City at of an easement recorded in Official Records Book 1145, Page 498, of the . See maps attached and RE# 049022-0005 for location purposes. This
maintenanc	e of school buses. The subject drain	requested the closure to continue to use the area for storage and tage easement is not utilized and there is no City infrastructure in the 66.00 fee. No City, State, or other agency has objected to this closure
If additional	information or assistance is required	l, please contact Renee Hunter at 255-8234 or ReneeH@coj.net.
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APPROPRIATION: Total Ar		as follows:
	ovide Object and Subobject Numbers for each c	ategory listed below:
(Name of Fund as it will appear in ti	tie or legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
Name of in-Kind Continuution(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
Explain: Where are the funds comit the funding for a specific time frame	ROPRIATION / FINANCIAL IMPACT / OTHER: ng from, going to, how will the funds be used? Does the fee? Will there be an ongoing maintenance? and staffing cipated post-construction operation costs.	
The applicant has paid the \$1,066.000111.152001.349070.000000.000	00 closure application fee which has been deposited in the 00000.00000.	General Fund

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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	
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature of
		emergency.
Federal or State		Explanation: If yes, explanation must include detailed nature of mandate
Mandate?	*	including Statute or Provision.
m		
Fiscal Year	x	Note: If yes, note must include explanation of all-year subfund carryover
Carryover?		language.
CIP Amendment?		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment?	×	mid-year amendment.
Contract / Agreement	1	Attachment & Explanation: If yes, attach the Contract / Agreement and name
Approval? ×		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.
		and approved the Fold Halliness Covenant template.
Related RC/BT?	x	Attachment: If yes, attach appropriate RC/BT form(s).
	\vdash	Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code?	×	detailed explanation (including impacts) within white paper.
		
		Code Reference: If yes, identify code in box below and provide detailed
Code Exception?	×	explanation (including impacts) within white paper.
Balatad Facated		Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted	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? Reporting Requirements?	x	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:	Recet	Date: 9/22/21 (signature) Date: 9/22/21
Prepared By:	Joena	(signature) Date: 9122/21

ADMINISTRATIVE TRANSMITTAL

Thru:	John P. Pappas, Director, Public We	orks Department
	(Name, Job Title, Department)	
	Phone: 255-8748	E-mail: pappas@coj.net
From:	Renee Hunter, Chief, Real Estate D	vivision
	Initiating Department Representative (N	Name, Job Title, Department)
	Phone: 255-8234	E-mail: ReneeH@coj.net.
Primary	Renee Hunter, Chief, Real Estate D	vivision
Contact:	(Name, Job Title, Department)	
	Phone: 255-8234	E-mail: ReneeH@coj.net.
CC:	Leeann Krieg, Director of Intergo	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 Genera	al Counsel, St. James Suite 480
	Phone: 904-255-5055	
From:		· · · · · · · · · · · · · · · · · · ·
1 10111.		
	Initiating Council Member / Independen	at Agency / Constitutional Officer
	Initiating Council Member / Independent	
Priman	Initiating Council Member / Independent	
Primary Contact:	Phone:	
-	Phone:(Name, Job Title, Department)	E-mail:
Contact:	Phone:(Name, Job Title, Department) Phone:	E-mail:
-	Phone: (Name, Job Title, Department) Phone: Leeann Krieg, Director of Interget	E-mail: E-mail: overnmental Affairs, Office of the Mayor
Contact:	Phone:(Name, Job Title, Department) Phone:	E-mail: E-mail: overnmental Affairs, Office of the Mayor
Contact:	Phone: (Name, Job Title, Department) Phone: Leeann Krieg, Director of Interget	E-mail: E-mail: overnmental Affairs, Office of the Mayor
Contact: CC: Legislatio	Phone: (Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergor 904-255-5015 E-mail: Leeann on from Independent Agencies re	E-mail: E-mail: overnmental Affairs, Office of the Mayor
Contact: CC: Legislatic	(Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergoration (Name, Job Title, Department) Phone: Leeann Krieg, Director of Intergoration (Name, Job Title, Department) Leeann Krieg, Director of Intergoration (Name, Job Title, Department)	E-mail: E-mail: overnmental Affairs, Office of the Mayor K@coj.net
Contact: CC: Legislatic approvin Independent	Phone:	E-mail: E-mail: overnmental Affairs, Office of the Mayor K@coj.net equires a resolution from the Independent Agency Board

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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