LEGISLATIVE FACT SHEET 2015-0152

DATE	E: 1/22 /	15	(Admir	BT OR RC nistration Bill	NUMBER:	ndinagka gddir
SPON	SOR (I	Department/Division/Agend	cy/Counci	il Member): I	Public Works/Real Estate	
PURP	OSE/SU	MMARY: Proposed Surp RE# 058803		ner Lackawa	anna Health Clinic - 404	l6 Nolan St.
•	for the 0 RE# 058	al Estate Division is reque City Council to declare th 3803-0000 "surplus" to th nce with Chapter 122, Pa	e Former e needs o	Lackawani of the City, a	na Health Clinic - 4046 I nd authorize its disposit	Nolan Street tion in
•	100 x10: by the D	ject property consists of a 5 foot lot. The subject pa Duval County Health Depa 3. The parcel is assessed a	rcel was artment (acquired in DCHD). Th	1971 and was utilized fo	r many years
•	122.422	al Estate Division has cond . As a result of said invest exists for the subject parc	tigation,	the Real Est	ate Division has determ	ined that no
•	Council	District 9, Honorable Wa	arren Jon	ies		
APPR	OPRIAT	Total Amou	ınt Appro	priated: \$		_ as follows:
(Name	e of Fund	as it will appear in title o	f legislat	ion)		
Name	of Federa	l Funding Source:			Amount: \$	
Name of State Funding Source:					Amount: \$	and the second of the second o
Name	of City of	Jax Funding Source:	Amount: \$			
		d Contribution Source:				
Name	of Bond A	Acct	Amount: \$			
		nber				
IMPA	.CT - FIN	NANCIAL/OTHER:				
ACTI	ON ITEN	MS:				
	Emerger	ncy?	Yes	No _x_	Justification:	
	Federal (or State Mandates	Yes	Nox		
	Fiscal Y	ear Carryover?		No _x_		Administration Conference of the Conference of t
		endment?		_ No _x		
	Contract	/Agreement (C/A) Approva	al Yes	_ No _x	(Attach a copy only)	

Oversight Department Required?	Yes No _x	Name of Dept					
Related RC?/BT?	Yes No_x_						
Waiver of Code?	Yes No_X						
Code Exception?	Yes No_x_	(Identify Code Provision)					
Continuation Grant?	Yes No_x_						
Surplus Property Certification?	Yes _x_ No	(Attach a copy)					
Related Enacted Ordinances?	Yes No_x_	Ord. # of Previous Ord.					
Report Required to City Council/C	ouncil Auditors						
	Yes No_x_	Date Frequency					
ADMINIST	TRATION TRANS	<u>SMITTAL</u>					
To: MBRC, c/o Roselyn Chall, Budget	mBRC, c/o Roselyn Chall, Budget Division, Suite 325						
CC: Chris Hand, Chief of Staff Mayor's Office, Fourth Floor, City Hall at St. James							
From: John M. Jones, Real Estate Manager Senior, Real Estate Division (Name, Job Title, Department) Phone: 255-8700 Fax: 255-8948 E-mail: johnj@coj.net							
Contact person: Joe Namey, Land Acquisi (Name, Job Title, Department) Phone: 255-8792 Fax: 255-89	•	Manager, Real Estate Division ney@coj.net					
COUNCIL MEMBER / INDE OFFICE To: Peggy Sidman (630-4647), Office of	CER TRANSMIT						
Suite 480, City Hall at St. James	•	9					
From:							
From:(Name, Job Title, Department)							
Phone:	Fax:	E-mail:					
Contact person:(Name, Job Title, Departm	ent)	– E-mail:					
Legislation from Independent Agencies recapproving the legislation.	quires a resolution from	m the Independent Agency Board					
		I ATTON IC INTRODUCTO					

C/A negotiations on-going? Yes ___ No _x__

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED