## LEGISLATIVE FACT SHEET 2015-0456

DATE:	: 5/2	0/15	Since and Silvenine and Since and		<b>FOR RC</b> It	NUMBER:s)	as militaria per constituta ass
SPONS	SOR	(Departmen	nt/Division/Agency	/Council N	Member): P	ublic Works/Real Esta	ite
PURPO	OSE/S	SUMMARY	: Proposed Surply on the attached		f RE# 0691	745-0000 Being Parce	l "A" as shown
	for th	e City Cou rize its sale	ncil to declare the	subject pa	ircel "surp	n to request the legisl plus" to the needs of t t 4, Subpart B, of the	he City, and
	severa used a	al other par	cels in 1945 as pai	rt of a dra	inage proj	cant lot that was acquect. The subject parc	cel was never
	122.42	22. As a res	sult of said investig	gation, the	e Real Esta	on of "need", as requi nte Division has deter y Independent Agenc	mined that no
•	Coun	cil District	9, Honorable: Wa	rren Jone	s		
APPRO	OPRIA	ATION :	Total Amoun	t Appropri	ated: \$		as follows:
(Name	of Fu	nd as it will	appear in title of	legislatior	1)		
Name c	of Fede	eral Funding	Source:			Amount: \$	
Name of State Funding Source:						Amount: \$	asirinidassamentinas on anaminimistrumini iliahr
Name o	of City	of Jax Fund	ling Source:	_Amount: \$	angentinini damagani sini damagan sini damagan pagamahan dang		
Name o	of In-K	and Contrib	ution Source:	Amount: \$			
Name o	of Bon	d Acct		Amount: \$	and from the same of the description of the same and the three same and the same an		
	N	umber		and the second seco		Notae.	
IMPAC	CT - F	INANCIAI	C/OTHER:				
ACTIC	ON IT	EMS:					
	Emerg	gency?		Yes	No _x_	Justification:	AP-1-1012
	Fiscal	al or State M Year Carry mendment?	over?	Yes Yes Yes	No _x_	(Attach CIP form)	
						(Attach a copy only)	

	C/A negotiations on-going?	res No_x_	200						
	Oversight Department Required?	Yes No _x	Name of Dept						
	Related RC?/BT?	Yes No_x_	(Attach a copy)						
	Waiver of Code?	Yes No_X	(Identify Code Provision)						
	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	RATION TRANS	SMITTAL						
То:	MBRC, c/o Roselyn Chall, Budget	Division, Suite 325							
CC: Mayor	C: Chris Hand, Chief of Staff ayor's Office, Fourth Floor, City Hall at St. James								
(Name	rom: John M. Jones, Real Estate Manager Senior, Real Estate Division Name, Job Title, Department) none: 255-8700 Fax: 255-8948 E-mail: johnj@coj.net								
Contac	ct person: Joe Namey, Land Acquisit (Name, Job Title, Department) Phone: 255-8792 Fax: 255-894	*	Manager, Real Estate Division ney@coj.net						
(	COUNCIL MEMBER / INDE OFFIC	EPENDENT AGE EER TRANSMIT							
То:	Peggy Sidman (630-4647), Office of Suite 480, City Hall at St. James	of General Counsel							
From:	(Name, Job Title, Department)								
	Phone:	Fax:	E-mail:						
Contac	ct person:								
	(Name, Job Title, Departm	ent)	F 11:						
	rnone:	rax:	E-mail:						
Legisl	(Name, Job Title, Departm Phone:ation from Independent Agencies receiving the legislation.	Fax:							

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED