## LEGISLATIVE FACT SHEET

DATE: 01/26/16			BT or RC No:			
				(Admi	nistration Bills)	
SPONSOR:	Public Works/Real	Estate	e Divisio	n/Matt Schellenb	erg, Council District 6	
	uncilMember)					
PURPOSE/SUN	MARY:					
Sovereignty Subm	erged Lands Easement R at Fund of the State of Flor	enewa	I (BOT 16	0610252) from the Bo	ecessary for the Mayor to execute a bard of Trustees of the Internal r Oldfield Creek to be used soley for	
APPROPRIAT	as follows:					
(Name of Fund as Name of Federal Funding S	Amount:					
Name of Federal Funding Source:  NA						
					Amount:	
Name of City of Jax Fundi Name of In-Kind Contribution	Amount:					
Name of Bond Acct: N	Amount:					
Name  O  Dond  Acc.  N A    8ondAccount Number:  NA						
oonaAccount Null						
	NICIAL /OTHER:					
	S.	Yes	No			
Emergency?		165		Justification of Em	Proency.	
Federal or Sta	ate Mandates?		X		sigency.	
Fiscal Year Ca	arrvover?		х			
CIP Amendme	-		X	(Attach CIP Form(s	3))	
Contract / Agr	reement (CIA) Approval?	Х		(Attach a copy)	<i></i>	
	ons On-going?		х	177		
•	partment Required?		Х	Name of Dept .:		
Related RC/B			х	(Attach a copy)		
Waiver of Coo	de?		х	Identify Code:		
Code Exception	on?		х	Identify Code:		
Continuation of			х	-		
Surplus Prope	erty Certification?		х	(Attach a copy)		
	ted Ordinances?			Ordinance #:		
Report Requi	ired to City Councilor		х	_		
CouncilAudi	-			Date:	Frequency:	

## ADMINISTRATIVE TRANSMITTAL

To:	MBAC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: John Jones, Esq., Real Estate Manager Senior, Public Works (Name, Job Title, Department)

Phone: 255-8700 E-mail: JohnJ@coj.net

Contact Joe Namey, Acquisition and Disposition Manager, Public Works

Person:(Name, Job Title, Department)

Phone: <u>2</u>55-8700

E-mail: namey@coj.net

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## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:Peggy Sidman, Office of General Counsel, St. James Suite 480Phone:630-4647E-mail:psidman@coj.net

From:						
(	(Name, Job Title, Department)					
	Phone:	E-mail:				
Contact						
Person: (Nam	ne, JobTite, Department)					
	Phone:	E-mal:				

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED