

## LEGISLATIVE FACT SHEET

DATE: 03/01/16

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Public Works/Real Estate Division/Al Ferraro, Council District 2  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

The Real Estate Division is requesting the authorization to request the legislation necessary for the Mayor to execute a Sovereignty Submerged Lands Lease and Modification Renewal (BOT 160038682) from the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida. The Lease Modification is to reduce the square footage, reflect current survey and delete special lease conditions. The purpose is to operate a 7-slip docking facility with a boat ramp to be used exclusively for temporary mooring of recreational vessels in conjunction with an upland public park .

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) N/A

Name of Federal Funding Source: N/A Amount: \_\_\_\_\_

Name of State Funding Source: N/A Amount: \_\_\_\_\_

Name of City of Jax Funding Source: N/A Amount: \_\_\_\_\_

Name of In-Kind Contribution: N/A Amount: \_\_\_\_\_

Name of Bond Acct: N/A Amount: \_\_\_\_\_

Bond Account Number: N/A

**IMPACT - FINANCIAL / OTHER:**

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, 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](mailto:JohnJ@coj.net)

Contact Joe Namey, Acquisition and Disposition Manager, Public Works

Person: (Name, Job Title, Department)

Phone: 255-8700

E-mail: [namey@coj.net](mailto:namey@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**