LEGISLATIVE FACT SHEET

DATE:	07/17/17	BT or RC No:
		(Administration & City Council Bills)
SPONS	OR: Public Works	A/Real Estate/CM Scott Wilson, CD 4
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and pre	sentation Public Works, Real Estate
Provide Name:		Renee Hunter
	Contact Number:	904-255-8234
	Email Address:	reneeh@coj.net
Research v		s legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council cil introduced legislation and the Administration is responsible for all other legislation.
the closur	e and abandonment of a po	on with authority to request the legislation necessary for the City Council to approve rtion of an easement for drainage located on property at 9889 Gate Parkway North, Page 6 of the Official Records of Duval County, Florida.
		dre El Bahri to enable him to construct a cell tower. The area is approximately 20 aid the application fee of \$1,066.00.
		re of the drainage easement by Right of Way and Stormwater Maintenance, and lie outside the requested area and access to the drainage facility will not be
Maps and	drawings are enclosed for y	our reference.
If you requ	uire additional information, p	lease call Jim Morgan at 904-255-8737.
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Name of Fund as it will appear in ti	tle of legislation)	
ame of Federal Funding Source(s)	From:	Amount:
	To:	Amount:
ame of State Funding Source(s):	From:	Amount:
	To:	Amount:
ame of City of Jacksonville	From:	Amount:
unding Source(s):	То:	Amount:
ame of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
lame & Number of Bond	From:	Amount:
Account(s):		
PLAIN LANGUAGE OF APP Explain: Where are the funds comine funding for a specific time frame 22 & 106 regarding funding of anti Minimum of 350 words - Maximum of	e? Will there be an ongoing maintena cipated post-construction operation of 1 page.)	be used? Does the funding require a match? Is ance? and staffing obligation? Per Chapters costs.
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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?	x	Justification of Emergency: If yes, explanation must include detailed nature of
		emergency.
	3	
Federal or State	\neg	Contraction of the contraction while the detailed of the contraction
Mandate?	x]	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
		2003-000 1007 ♥ 60000-00000 10 10 000-00000000000000000
Fiscal Year		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?	×	language.
CIP Amendment?	x	Attachment: If yes, attach appropriate CIP form(s). Include justification for
A		mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name
Contract / Agreement Approval?	x [of Department (and contact name) that will provide oversight. Indicate if
Approvar		negotiations are on-going and with whom. Has OGC reviewed / drafted? Oversight PW/RE.
		Oversight FWARE.
Related RC/BT?		
Related NC/BT?	×	
Waiver of Code?	x	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	x	Code Reference: If yes, identify code in box below and provide detailed
		explanation (including impacts) within white paper.
		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: Continuation of Grant?	Yes No	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	x 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
Requirements?		Department (include contact name and telephone number) responsible for
Division Chief:	Renee Hunter	(signature) Date: 1/3/17
Prepared By:	Jim Morgan	(signature) Date:)//5///

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325					
Thru:	John P. Pappas, Director, Public Works Department					
	(Name, Job Title, Department)					
	Phone: 255-8748 E-mail: pappas@coj.net					
From:	Renee Hunter, Acting Chief, Real Estate Division					
	Initiating Department Representative (Name, Job Title, Department)					
	Phone: 255-8234 E-mail: reneeH@coj.net					
Primary	Jim Morgan, Land Management Agent Senior, Real Estate Division					
Contact:	(Mario, obs. Mar. Department)					
	Phone: 255-8737 E-mail: morgan@coj.net					
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor					
	904-630-1825 E-mail: akshelton@coj.net					
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
5 (70)	Phone: 904-630-4647 E-mail: psidman@coj.net					
From:						
	Initiating Council Member / Independent Agency / Constitutional Officer					
	Phone: E-mail:					
Primary						
Contact:	(Name, Job Title, Department)					
	Phone: E-mail:					
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor					
	904-630-1825 E-mail: akshelton@coj.net					
Legislati	on from Independent Agencies requires a resolution from the Independent Agency Board					
	g the legislation.					
Indepen	dent Agency Action Item: Yes No					
F	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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