LEGISLATIVE FACT SHEET

DATE:	09/19/17	BT or RC No:		
: ◀		(Administration & City Council Bills)		
SPONSO	R: Public Works/Real Es	tate/CM Reggie Gaffney CD 7		
		(Department/Division/Agency/Council Member)		
Contact f	or all inquiries and presentation	Renee Hunter, Esq. 255-8234 ReneeH@coj.net.		
Provide N	lame:	Renee Hunter		
	Contact Number:	904-255-8234		
	Email Address:	RenceH@coj.nct.		
Research wi (Minimuп	ll complete this form for Council introduced to of 350 words - Maximum of 1 pa	<u> </u>		
		te to the Jacksonville Port Authority: The Real Estate Division is		
parcel "sur	olus" to the needs of the City, and aut	ation necessary for the City Council to declare the subject tax reverted horize its conveyance to The Jacksonville Port Authority at no cost, in		
	e with Chapter 122, Part 4, Subpart B, iclosed for your reference.	Section 122.421 (b) of the City Ordinance Code. A map of the subject		
The subject	t narcel is a tax reverted vacant 50'x1	00' lot. The subject parcel is assessed at \$2,692.00 and reverted to the		
City on 5/8				
The parcel is adjacent to JAXPORT owned property and is in close proximity to the Talleyrand Marine Terminal. The parcel will be added to their inventory to be used for extra customer storage space.				
The Real Estate Division has conducted an investigation of "need", as required by Section 122.422. As a result of said investigation, the Real Estate Division has determined that no "need" exists for the subject parcel by either the City or any Independent Agency other than Jax Port.				
If additional information or assistance is required, please contact Joe Namey at 255-8792 or at namey@coj.net				
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APPROPRIATION: Total A		as follows:
List the source <u>name</u> and pr	ovide Object and Subobject Num	bers for each category listed below:
Name of Fund as it will appear in	itle of legislation)	
	From:	Amount:
lame of Federal Funding Source(s		A
	То:	Amount:
	From:	Amount:
Name of State Funding Source(s):		A
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):		
	То:	Amount:
	From:	Amount:
Name of In-Kind Contribution(s):		
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):		
	То:	Amount:
Minimum of 350 words - Maximum of	icipated post-construction operation cos f 1 page.) d amount of \$4,700 per year in mainten	
	3	*
	-	

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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

Emergency? x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate? x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x Contract / Agreement Approval? x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT? x Waiver of Code? x	Attachment: If yes, attach appropriate RC/BT form(s). 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.
Related Enacted Ordinances?	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. Pursuant to Chapter 122, Part 4, Subpart B, Section 122.421 (b) of the City Ordinance Code.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes No			
Continuation of Grant?	1 I I Y	Explanation: How will the funds be used Is the funding for a specific time frame a year of grant? Are there long-term impli	nd/or multi-year? If multi-year, note	
		i i		
Surplus Property Certification? Reporting Requirements?		Attachment: If yes, attach appropriate for Explanation: List agencies (including Ci and frequency of reports, including when Department (include contact name and the contact name).	ty Council / Auditor) to receive reports are due. Provide	rts
Division Chief:	Renee Hunt		Date: 9/19/20	17
Prepared By:	Joe Namey	(signature)	Date: 9/19/20	17

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, Chief, Real Estate Division		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 255-8234 E-mail: ReneeH@coj.net.		
Primary	Joe Namey, Land Acquisition and Disposition Manager		
Contact:	(Maine, des Mile, separation)		
	Phone: 255-8792 E-mail: namey@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		
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
	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		
I enislati	on from Independent Agencies requires a resolution from the Independent Agency Board		
-	ig the legislation.		
5.0	dent Agency Action Item: Yes No		
	Boards Action / Resolution? 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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