LEGISLATIVE FACT SHEET

| DATE: | 12/15/17 | BT or RC No: | | |
|---|---|---|--|--|
| 3 | | (Administration & City Council Bills) | | |
| | | | | |
| SPONSO | DR: Public Works/Real Es | ate/CM Jim Love, CD 14 | | |
| | | (Department/Division/Agency/Council Member) | | |
| Contact f | or all inquiries and presentation | Public Works, Real Estate Division | | |
| Provide I | Name: | Renee Hunter, Esq. | | |
| | Contact Number: | 904-255-8234 | | |
| | Email Address: | reneeh@coj.net | | |
| Research w | Il complete this form for Council introduced n of 350 words - Maximum of 1 pa | s necessary? Provide; Who, What, When, Where, How and the Impact.) Council legislation and the Administration is responsible for all other legislation. ge.) cority to request the legislation necessary for the City Council to approve | | |
| the closure President. | and abandonment of a portion of Bev | erly Avenue at the request of Brooks Building Solutions, Neff Jenkins, lat Book 6, Page 22, St. Johns Park, of the Public Records of Duval | | |
| parking an from city, s square fee There are | d security. The applicant has paid the tate, and utility agencies. The right-of t. It is opened and improved, and a m | cants' commercial and light industrial property to provide additional \$2,091.00 application fee. There were no objections to the closures -way measures approximately 215 feet by 60 feet and contains 12,900 ap showing the widening of the road in front of the closure is attached. It is subject right-of-way. Accordingly, an All-Utility Easement will be set of JEA and the City of Jacksonville. | | |
| The adjace | ent property owners were notified of the | e closure request by certified mail. | | |
| A sketch & | legal description is enclosed for your | reference. | | |
| If you requ | ire additional information, please call | lim Morgan at 904-255-8737. | | |
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| APPROPRIATION: Total A | mount Appropriatec | as follows: |
|--------------------------------------|---|------------------------|
| List the source name and pr | ovide Object and Subobject Numbers for each | category listed below: |
| (Name of Fund as it will appear in t | itle of legislation) | |
| Name of Federal Funding Source(s) | From: | Amount: |
| | To: | Amount: |
| Name of State Funding Source(s): | From: | Amount: |
| | То: | Amount: |
| Name of City of Jacksonville | From: | Amount: |
| Funding Source(s): | То: | Amount: |
| Name of In-Kind Contribution(s): | From: | Amount: |
| realite of in-Kind Contribution(s): | To: | Amount: |
| Name & Number of Bond | From: | Amount: |
| Account(s): | To: | Amount: |

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

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| The application fee has been deposited in | the General Fund. 701 PWRE011 34907 |
|---|--|
| | |
| ACTION ITEMS: Purpose / Check code provisions for each. | List. If "Yes" please provide detail by attaching justification, and |
| ACTION ITEMS: Yes No 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 | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment |

| Contract / Agreement Approval? | 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 | Attachment: If yes, attach appropriate RC/BT form(s). |
| 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. |
| | |
| 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. |
| | |
| ACTION ITEMS CONTINUED: Pur justification, and code provisions for | rpose / Check List. If "Yes" please provide detail by attaching reach. |
| ACTION ITEMS: Yes No | |
| Continuation of Grant? x | 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? |
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| Surplus Property Certification? | Attachment: If yes, attach appropriate form(s). |
| Reporting x | Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for |

| Division Chief: Renee Hunter | (signatura) | Date: 2/15/17 |
|------------------------------|-------------|----------------|
| Prepared By: RJ Morris | (signature) | Date: /2//5//7 |

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ADMINISTRATIVE TRANSMITTAL

| | 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 | Jim Morgan, Land Management Agent Senior, Real Estate Division |
| Contact: | (Name, 665 File, Separatell) |
| | 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 |
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| | |
| 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: | |
| i ioiii. | Initiating Council Member / Independent Agency / Constitutional Officer |
| | |
| | Phone: E-mail: |
| Primary | Phone: E-mail: |
| Primary Contact: | |
| Salar Sa | (Name, Job Title, Department) |
| Contact: | (Name, Job Title, Department) Phone: E-mail: |
| Salar Sa | (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor |
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| Contact: CC: Legislati | (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail:akshelton@coj.net fon from Independent Agencies requires a resolution from the Independent Agency Board |
| Contact: CC: Legislatiapprovin | (Name, Job Title, Department) Phone: |
| Contact: CC: Legislatiapprovin | (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail:akshelton@coj.net fon from Independent Agencies requires a resolution from the Independent Agency Board |
| Contact: CC: Legislati approvin | (Name, Job Title, Department) Phone: |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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