

LEGISLATIVE FACT SHEET

DATE: 08/29/18

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: PWRE/CM Jim Love, CD 14
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Public Works/Real Estate

Provide Name: Renee Hunter

Contact Number: 904-255-8234

Email Address: reneeh@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

This legislation is necessary for City Council to approve the closure and abandonment of a vacant, unopened, unimproved right-of-way in the vicinity of Herschel Street and Lexington Avenue, established in Lake Side Park, Plat Book 6, Page 44, of the Public Records of Duval County, Florida.

The abandonment is requested by Steven A. Griffin of Lexington Avenue Property LLC, an adjacent property owner. The right-of-way lies between two residential properties. The adjacent land owner approves of the closure. The closure is 128 feet by 16 feet. The applicant wishes to expand his residential property, but has no plans for making any additions or changes to the property at this time. The applicant has paid the application fee of \$2,091.00.

There were no objections to the closure and abandonment of the right-of-way by any City, State or utility agency. The right-of-way contains no infrastructure. Maps and drawings are enclosed for your reference.

If you require additional information, please call Jim Morgan at 904-255-8737.

APPROPRIATION: Total Amount Appropriated \$0.00 as follows:
 List the source name and provide Object and Subobject Numbers for each category listed below:

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

| | | |
|--|-------------|---------------|
| Name of Federal Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |
| Name of State Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |
| Name of City of Jacksonville Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |
| Name of In-Kind Contribution(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |
| Name & Number of Bond Account(s) | From: _____ | Amount: _____ |
| | 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.)

The applicant has paid the \$2,091.00 application fee which has been deposited in the General Fund, PWRE011, 34907.

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

ACTION ITEMS:

| | Yes | No |
|------------|--------------------------|-------------------------------------|
| Emergency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

| | | |
|---------------------------|--------------------------|-------------------------------------|
| Federal or State Mandate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------|--------------------------|-------------------------------------|

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

| | | |
|------------------------|--------------------------|-------------------------------------|
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|------------------------|--------------------------|-------------------------------------|

Note: If yes, note must include explanation of all-year subfund carryover language.

| | | |
|----------------|--------------------------|-------------------------------------|
| CIP Amendment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|----------------|--------------------------|-------------------------------------|

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

| | | |
|--------------------------------|-------------------------------------|--------------------------|
| Contract / Agreement Approval? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------|-------------------------------------|--------------------------|

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?

Hold Harmless form approved by OGC.

| | | |
|----------------|--------------------------|-------------------------------------|
| Related RC/BT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|----------------|--------------------------|-------------------------------------|

| | | |
|-----------------|--------------------------|-------------------------------------|
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-----------------|--------------------------|-------------------------------------|

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

| | | |
|-----------------|--------------------------|-------------------------------------|
| Code Exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-----------------|--------------------------|-------------------------------------|

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

| | | |
|-----------------------------|--------------------------|-------------------------------------|
| Related Enacted Ordinances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-----------------------------|--------------------------|-------------------------------------|

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

ACTION ITEMS:

| | Yes | No |
|------------------------|--------------------------|-------------------------------------|
| Continuation of Grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reporting Requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 Department (include contact name and telephone number) responsible for

Division Chief: Renee Hunter 
(signature)

Date: 8/2/18

Prepared By: Jim Morgan 
(signature)

Date: 8/2/18

ADMINISTRATIVE TRANSMITTAL

To: 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 Contact: Jim Morgan, Land Management Agent Senior, Real Estate Division

(Name, Job Title, Department)

Phone: 255-8737

E-mail: morgan@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: JElsbury@coj.net

COUNCIL 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: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: JElsbury@coj.net

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

Independent 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