## **LEGISLATIVE FACT SHEET**

DATE:	01/30/19	В	BT or RC No:	
		(Administ	tration & City Council Bill	s)
SPONSOR:	Public Works/Real Esta	ate/CMScott Wilson,	CD 4	
	([	Department/Division/Agen	ncy/Council Member)	
Contact for all in	quiries and presentation	Publ	lic Works, Real Esta	te
Provide Name:		Renee Hu	nter	
Contac	t Number:	904-255-8234		
Email A	Address:	reneeh@coj.net	<del></del>	
Research will complete	per (Explain Why this legislation is this form for Council introduced low words - Maximum of 1 pag	egislation and the Administra		
	cessary for City Council appro established in Southside Oak			the cul-de-sac lying in
property for a single abutting the closure	Development, LLC, is planning family residential developmen request is owned by the applicy. The applicant has paid the	t, rendering the existing c cant. There were no object	cul-de-sac obsolete. All o	of the property
If additional informat	tion is required, please call me	at 255-8234 or R. J. Mor	rris at 255-8705.	
Thank you				
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	mount Appropriatec	as follows:
_ist the source <u>name</u> and pr	ovide Object and Subobject Numbers	for each category listed below:
Name of Fund as it will appear in t	itle of legislation) T	
ame of Federal Funding Source(s	From:	Amount:
	То:	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:
76	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
Account(s).	То:	Amount:
Explain: Where are the funds com the funding for a specific time frame 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of	ROPRIATION / FINANCIAL IMPACT ing from, going to, how will the funds be used e? Will there be an ongoing maintenance? icipated post-construction operation costs. f 1 page.)  00 application fee which has been deposited	? Does the funding require a match? Is and staffing obligation? Per Chapters

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.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Final Vas		
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	х	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?  Hold Harmless template form approved by OGC.
Related RC/BT?	x	
Waiver of Code?	$\vdash$	Code Reference: If yes, identify code section(s) in box below and provide
waiver or code:	X	detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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	1 1 1 V 1		sed? Does the funding require a match? ne and/or multi-year? If multi-year, note nplications for the General Fund?
Surplus Propert Certification Reportin	g ×	Attachment: If yes, attach appropriat  Explanation: List agencies (including and frequency of reports, including w	City Council / Auditor) to receive reports
Requirements	?		nd telephone number) responsible for
	4)		÷
Division Chief:	Renee Hunte	7.0	Date: 1/30/19
Prepared By:	R. J. Morris	(signature)	Date: 1/30/19
		(signature)	

## **ADMINISTRATIVE TRANSMITTAL**

10:	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	R. J. Morris, Real Estate and Leasing Manager, Real Estate Division				
Contact:	(Name, Job Title, Department)				
	Phone: 255-8705 E-mail: <u>rmorris@coj.net</u>				
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: jelsbury@coj.net_				
COUNC	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
	Phone: 904-630-4647 E-mail: psidman@coj.net				
From:	E. E.				
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone: E-mail:				
Primary					
•	(Name, Job Title, Department)				
	Phone: E-mail:				
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor				
CC.	904-630-1825 E-mail: jelsbury@coj.net				
	204-000-1023 E-mail. <u>Joisbury &amp; Coj.net</u>				
_	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.				
	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