

LEGISLATIVE FACT SHEET

DATE: 06/15/23

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

SPONSOR: Parks, Recreation and Community Services Department
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Daryl Joseph, Director

Provide Name: Same as above

Contact Number: 255-7903

Email Address: Djoseph@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.)

Under Ordinance 2018-0089, a naming agreement for the Fort Family Regional Park at Baymeadows was entered into with Perimeter Realty, Inc. The annual contribution of \$100,000.00 is deposited into the Parks, Recreation, and Community Services trust fund for maintenance, enhancements, and improvements at the Fort Family Regional Park. Any single expenditure exceeding \$100,000.00 must be approved by Council per Sec 111.105b. Parks, Recreation and Community Services Department (PRCS) respectfully requests approval to expend funds from the trust fund for walking trails and lighting at Fort Family Regional Park at Baymeadows in the amount not to exceed \$500,000.00

APPROPRIATION: Total Amount Appropriated \$500,000.00 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 Fundin | From: 11504-161101-549006-000903-00000000-00000-000000 | Amount: \$500,000.00 |
| | To: 11504-161101-549006-000903-00000000-00000-000000 | Amount: \$500,000.00 |

| | | |
|----------------------------------|-------------|---------------|
| 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 funds are in the trust fund and will be expended directly from this account. The funds are to be used to add walking trails and lighting to the Fort Family Regional Park at Baymeadow, per Sec 111.105B and Ord 2018-0089.

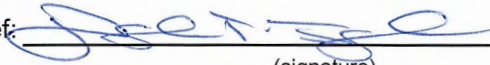
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACTION ITEMS: | Yes | No | |
|--------------------------------|-------------------------------------|-------------------------------------|--|
| Emergency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| 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. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| 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 type="checkbox"/> | <input checked="" 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? <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Related RC/BT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate RC/BT form(s). |
| 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. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| 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. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Related Enacted Ordinances? | <input checked="" type="checkbox"/> | <input 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. <div style="border: 1px solid black; padding: 5px;">2018-0089- naming rights ordinance to set up the trust fund for Fort Family Regional Park</div> |


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"/> | Attachment: If yes, attach appropriate form(s). |
| Reporting Requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 generating |
| | | | |

Division Chief: 
(signature)

Date: 6-14-23

Prepared By: 
(signature)

Date: 6-14-23

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department
(Name, Job Title, Department)
Phone: 255-7903 E-mail: Djoseph@coj.ent

From: Daryl Joseph, Director, Parks, Recreation and Community Services Department
Initiating Department Representative (Name, Job Title, Department)
Phone: 255-7903 E-mail: Djoseph@coj.net

Primary Contact: Daryl Joseph, Director, Parks, Recreation and Community Services Department
(Name, Job Title, Department)
Phone: 255-7903 E-mail: Djoseph@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@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

Fort Family Regional Park at Baymeadows Improvements
Whitepaper
June 15, 2023

Background

Under Ordinance 2018-0089, a naming agreement for the Fort Family Regional Park at Baymeadows was entered into with Perimeter Realty, Inc. The annual contribution of \$100,000.00 is deposited into the Parks, Recreation, and Community Services trust fund for maintenance, enhancements, and improvements at the Fort Family Regional Park. Any single expenditure exceeding \$100,000.00 must be approved by Council per Sec 111.105b.

Scope of Work

The funds are to be used for a project to add walking trails and lighting to the Fort Family Regional Park at Baymeadows. The estimated cost for this project is not to exceed \$500,000.00.

Recommended Action

The Parks, Recreation and Community Services Department (PRCS) respectfully requests approval to expend funds from the trust fund for walking trails and lighting at Fort Family Regional Park at Baymeadows.