LEGISLATIVE FACT SHEET

DATE:	05/12/21	BT or RC No: _ (Administration & City Co	N/A
00011000		•	arion onis;
SPONSOR:	Downtown Investment Authority (DIA) (Department/Division/Agency/Council Member)		
Contact for all inquiries			•
	DIA		
Provide Name:	Steve Kelley		
Contact Number:	904-255-5304	,	<u>-</u>
Email Address:	skelley@coi.net		
	s form for Council introduce	ssary? Provide; Who, What, When, W d legislation and the Administration is	
Orleck (DD-886) to downtown Jacl Downtown's Northbank. The vesse westerly most pier within the Shipy operate and maintain a ship muse host children's activities and educafundraising events. The ship will be moored to pier 1 wassociation, Inc. (JHNSA), a Florid submerged lands at this location. a guest services area to serve the east of Catherine Street within the As a license rather than a lease, the period of ten years, which may be conditions. There are no annual or for all costs of operation and main time with 90 days notice to the oth licensee (JHNSA). JHNSA must provide the DIA with mooring improvements, preliminar	esonville as a floating musel is approximately 400' in levards property, adjacent to the sards property. Shost miles a non-profit corporation. The same as the sards with provide semi-person to be located. Shipyards property owned there is no disposition of propextended for two (2) addition monthly license fees of JHI tenance. Further, both particle are party followed by an addition evidence of funding availably plans for the upland improprovide funds sufficient for	erty involved. The initial license agree nal periods of five (5) years under the NSA under this licensing agreement, as, JHNSA and DIA, may cancel the litional 60 days to remove the vessel a lility to complete the project in accordance to complete the project in accordance to the removal of the vessel and to return	conville Shipyard site on ide of Pier 1 which is the es of the vessel include: 1) events and concerts; 4) and events; and 6) host le Historic Naval Ship epier and underlying way, restroom facilities, and e north of Pier 1, and to the ment with JHNSA is for a same terms and and JHNSA is responsible cense agreement at any the expense of the exception of the extended in an amount of
	Object and Subobject Num	N/A bers for each category listed below:	as follows:
(Name of Fund as it will appear in			
Name of Federal Funding Soun	urce(s): From:		Amount:
	To:		Amount:
Name of State Funding Sou	From:		Amount:
	To:		Amount:
Name of City of Jacksonville Fund Source(s):			
	ing From:		Amount:
	To:		Amount:
Name of In-Kind Contribution(s):	From:		Amount:
	To:		Amount:
	From:	-	Amount:
Name & Number of Bond Account(s	(s):		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.)				
There is no City funding or other City assets required by this legislation.				
ACTION ITEMS: Purpose / Check List. If "Yes"	• please	provide detail by attaching justification, and code provisions for each.		
ACTION ITEMS: Yes	No			
Emergency?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.		
		Curlonation Many authorities must include that the distance of		
Federal or State Mandate?	×	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.		
Fiscal Year Carryover?	x	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? X		Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight.		
Odnikaci / Agreement Approvats		Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?		
	_	The Development Agreement and License Agreement was prepared by OGC and is on file. DIA will be responsible for contract oversight.		
Related RC/BT?	Х	Attachment: If yes, attach appropriate RC/BT form(s).		
Waiver of Code?	х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.		
				
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed		
Code Exception:		explanation (including impacts) within white paper.		
Related Enacted Ordinances? X		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. 2014-0426; 2018-0358		
		, , , , , , , , , , , , , , , , , , , ,		

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

ACTION ITEMS:	Yes_	No		
Contin	nuation of Grant?	х	match? Is the funding for a spe	be used? Does the funding require a cific time frame and/or multi-year? If Are there long-term implications for the
Surplus Prope	erty Certification?	x	Attachment: If yes, attach appro	opriate form(s).
Reporting	g Requirements? X		reports and frequency of reports	uding City Council / Auditor) to receive s, including when reports are due. ntact name and telephone number) rts.
	·		an Annual Report and pro forma DIA. Such Report shall illustrate statements, liabilities, assets, re addresses, rules and regulation	venue, activities, officers' names and s, by-laws, and election date(s). JHNSA ally with a copy of JHNSA's audited
Di	vision Chief:	ri	Boyce (signature)	Date:
F	repared By:		(Land)	Date:
			(signature)	
		ADMIN	ISTRATIVE TRANSMITTAL	
Го:	MBRC, c/o Jas	mine Jo	rdan, Budget Office, St. James Su	rite 325
Thru:	Brian Hughes, (Name, Job Ti		an, CAO, Mayor's Budget Review (artment)	Committee
	Phone: 255-	5012	E-mail: HughesB@coj.n	et
From:	Lori Boyer, CE Initiating Depa		dori Boyu Representative (Name dob Title, D	epartment)
	Phone: 904-25	5-5301	E-mail: boyerl@coj.net	<u> </u>
Primary Contact:	Steve Kelley (Name, Job Ti	ite, Depa	artment)	
	Phone: 904-25	5-5304	E-mail: skelley@coj.ne	et .
CC:	•		of Intergovernmental Affairs, Offic	e of the Mayor

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

То:	Peggy Sidman, Office of General Phone: 904-630-4647	ral Counsel, St. James Suite 480 E-mail:psidman@coj.net	
From:		ependent Agency / Constitutional Officer	
Primary Contact:	Phone:	E-mail:	
	(Name, Job Title, Department) Phone:	E-mail:	
CC:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5015 E-mail: leeannk@coj.net		
Legislation from Independ Independent Agency Action		from the Independent Agency Board approving the legislation. No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled? Executed DIA Resolution 2020-01-02	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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