LEGISLATIVE FACT SHEET

DATE:	07/	/21/21		BT or RC No:	N/A
			(Adm	ninistration & City Council B	ills)
SPONSO	OR: <u>Dowr</u>	ntown Investment A	Authority		
		1)	Department/Division/A	agency/Council Member)	
Contact	for all inquiries	and presentations		Guy Parola	
Provide I	Name:		Guy	Parola	
	Contact Numb	oer:	904-255-5301		
	Email Address	s:	gparola@coj.net		
Research w	vill complete this form		egislation and the Admini	o, What, When, Where, How a istration is responsible for all o	
				pt the final assessment roll reviously approved through	
This bill fin	nalizes the assessr	nent rate, the assessm	nent roll, and method o	of collection.	

APPROPRIATION: Total A	mount Appropriated:	\$0.00 as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for	each category listed below:
(Name of Fund as it will appear in ti	tle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
J (/	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
rvanie of in-txing contribution(3).	То:	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.)

There is no appropriation sought through this	s legislation. DVI's budget is adopted annually via separate legislation.
ACTION ITEMS: Purpose / Check L code provisions for each.	_ist. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No	Justification of Emergency: If yes, explanation must include detailed nature of
Emergency? x	emergency.
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
Mandate? ^	including Statute or Provision.

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x Contract / Agreement Approval? x	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? Contract has been authorized, Lori Boyer, CEO with Cowntown Investment Authority will have oversight. OGC has reviewed and received the signed
	copy which is proceeding through the signatory process.
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. Ordinance 1999-1175 (created the program)
4.0T(0.) (TEM. 0.0) (T.) ((T.)	Ordinance 2021-292 (authorized the expansion of the territory)
justification, and code provisions f	urpose / Check List. If "Yes" please provide detail by attaching or each.
ACTION ITEMS: Yes No Continuation of Grant?	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?	Attachment: If yes, attach appropriate form(s).

Reporting Requirements?	х	Explanation: List agencies (incluand frequency of reports, includir (include contact name and teleph	ng when reports are	due. Provi	de Department
·	 <u>-</u>				
Division Chief:			<u>-</u>	Date:	
		(signature)			
Prepared By:	Trisha	Bowles		Date:	7/21/2021
· · ·		(signature)	-		

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, Budget Office, St. James Suite 325					
Thru:	Guy Parola, Operatons Manager					
	(Name, Job Title, Department)					
	Phone: 255-5305 E-mail: gparola@coj.net					
From:	Lori Boyer, CEO					
	Initiating Department Representative (Name, Job Title, Department)					
	Phone: 255-5301 E-mail: <u>lboyer@coj.net</u>					
Primary	Lori Boyer, CEO					
Contact:	(Name, Job Title, Department)					
	Phone: 255-5301 E-mail: <u>lboyer@coj.net</u>					
CC:	Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor					
	904-255-5015 E-mail: <u>leeannk@coj.net</u>					
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone: (904) 255-5055 E-mail: <u>psidman@coj.net</u>					
From:						
	Initiating Council Member / Independent Agency / Constitutional Officer					
	Phone: E-mail:					
Primary						
Contact:	(Name, Job Title, Department)					
	Phone:					
CC:	Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor					
	904-255-5015 E-mail: leeannk@coj.net					
	<u></u>					
Legislation from Independent Agencies requires a resolution from the Independent Agency Board						
	g the legislation.					
Independ	dent Agency Action Item: Yes No					
ŀ	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?					
	DIA Resolution 2021-03-03					