LEGISLATIVE FACT SHEET

| DATE: | 05/04/21 | BT or RC No: | N/A | | | |
|---|--|--|-----|--|--|--|
| | | (Administration & City Council Bills) | | | | |
| SPONSOR: | Mayor's Office | | | | | |
| | (Department/Div | vision/Agency/Council Member) | | | | |
| Contact for all inq | Contact for all inquiries and presentations Stephanie Burch | | | | | |
| Provide Name: | | | | | | |
| Contact | Contact Number: 904-255-5034 | | | | | |
| Email Address: stephanieb@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.) | | | | | | |
| operation as a short-lin | res Atlantic Coast Line Locomotive No. 1504 to the North Florida Chapter of National Rail ine passenger excursion and fundraising trail nation, rescinds the local landmark and landr | way Historical Society, Inc. at no cost, for | | | | |

| APPROPRIATION: Total A List the source name and pro- | as follows: | | | |
|--|-------------|---------|--|--|
| List the source <u>name</u> 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: | | |
| | То: | Amount: | | |
| Name of State Funding Source(s): | From: | Amount: | | |
| | То: | Amount: | | |
| Name of City of Jacksonville Funding Source(s): | From: | Amount: | | |
| (-). | То: | Amount: | | |
| Name of In-Kind Contribution(s): | From: | Amount: | | |
| | То: | Amount: | | |
| Name & Number of Bond Account(s): | From: | Amount: | | |
| l '' | То: | 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.)

This legislation revises Chapter 122, Part 4 to clarify the City's intent to permit a non-profit Community Land Trust to request surplus property from the City at the same time the property is circulated to other City Departments and independent authorities. The legislative changes being requested will ensure the success of the Community Land Trust by providing it the best chance to obtain properties that make the most sense to support its affordable housing mission.

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

| ACTION ITEMS: Yes Emergency? | No 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. |
| Fiscal Year Carryover? | x | Note: If yes, note must include explanation of all-year subfund carryover language. |
| CIP Amendment? 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? |
| Related RC/BT? Waiver of Code? x | х | Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. Request to waive Chapter 307, Ordinance Code. |
| Code Exception? | х | 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. |
| | | |

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? | х | 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? |
| Coursland Days at 1 | . — | |
| Surplus Property Certification? | | Attachment: If yes, attach appropriate form(s). |
| Reporting Requirements? | X | Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Departmen (include contact name and telephone number) responsible for generating |
| | | |
| Division Chief: | BU | (signature) Date: 5-4-31 |
| Prepared By: | Pau | Date: 5-4-31 |
| | | (signature) |

ADMINISTRATIVE TRANSMITTAL

| 10: | MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325 | | |
|-------------------------|--|---|--|
| Thru: | | | |
| | (Name, Job Title, Department) | | |
| | Phone: | E-mail: | |
| From: | Stephanie Burch | | |
| | Initiating Department Representativ | e (Name, Job Title, Department) | |
| | Phone: 904-255-5034 | E-mail: stephanieb@coj.net | |
| Primary | | | |
| Contact: | (Name, Job Title, Department) | | |
| | Phone: 904-255-5034 | E-mail: stephanieb@coj.net | |
| CC: | | | |
| | Phone: | E-mail: | |
| | | | |
| | | | |
| COUN | <u>CIL MEMBER / INDEPENDEN</u> | IT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL | |
| | | | |
| To: | Peggy Sidman, Office of Gen | eral Counsel, St. James Suite 480 | |
| | Phone: | E-mail:psidman@coj.net | |
| From: | | | |
| | Initiating Council Member / Independ | lent Agency / Constitutional Officer | |
| | Phone: | E-mail: | |
| Primary | | | |
| Contact: | (Name, Job Title, Department) | | |
| | Phone: | E-mail: | |
| CC: | | ental Affairs Liaison, Office of the Mayor | |
| | Phone: | E mail. | |
| | | C-mail: | |
| المعاملة | an formal I i i i i i i i | | |
| Legisiatic approvinc | on from Independent Agencies g the legislation. | requires a resolution from the Independent Agency Board | |
| | lent Agency Action Item: Ye | s No | |
| | Boards Action / Resolution? | Attachment: If yes, attach appropriate documentation. If no | |
| | L_ | when is board action scheduled? | |
| | | | |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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