LEGISLATIVE FACT SHEET

DATE: 05/19	/25	BT or RC No:			
	_	(Administration & City	Council Bills)		
SPONSOR: Supervis	sor of Electi	ions			
		(Department/Division/Agency/Council	Member)		
Contact for all inquiries and p	resentation	ns: /olanda Negron-Carson (904) 255-3	441, Justin Gicalone (904) 255	5-341	
Provide Name:		Yolanda Negron-Carson			
Contact Number	(904) 255-	3441			
Email Address:	yolandanc(@coj.net			
PURPOSE: White Paper (Explain Why twill complete this form for Council Introdu	his legislation is uced legislation	necessary? Provide; Who, What, When, Where, and the Administration is responsible for all other	How and the Impact.) Council Resear	rch	
(Minimum of 350 words - Maxir	num of 1 pa	ge.)			
execute a lease extension for a ten- updated provisions regarding term, Imeson Park Blvd, Jacksonville, FL Additionally, the third amendment in	year term, ex and rent, with 32218.	Elections to request legislation enabling the tending until March 30, 2036. This amendment new rental rates commencing on October 1 improvements for 2025, to be constructed The lease will be overseen by the Real Esta	ent will revise the Lease to estable, 2025, for the premises located and by the Landlord at the Landlord's	ish	
APPROPRIATION: Total Ar List the source <u>name</u> and pro (Name of Fund as it will appear in ti	vide Objec	t and Subobject Numbers for each o	as follows: category listed below:		
Name of Federal Funding Source(s	From:		Amount:		
	To:	Manager Control of the Control of th	Amount:		
Name of State Funding Source(s):	From;		Amount:		
	То:		Amount:		
Name of City of Jacksonville Fundin Source(s):	g From: SE	RE Registration-Other General Governmental	Amount:	00.0	
3001Ce(s).	To: SE	RE Registration-Other General Governmental	Amount:	0.00	
Name of In-Kind Contribution(s):	From:		Amount:		
Marie of In-Taile Contribution(s).	To:		Amount:		
Name & Number of Bond Account(s): From:		Amount:		
3. 25.00	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.) ACTION ITEMS; Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** Justification of Emergency: If yes, explanation must include detailed nature of **Emergency** X Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate? Fiscal Year Carryover? Note: If yes, note must include explanation of all-year subfund carryover language. Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-CIP Amendment? vear amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Contract / Agreement Department (and contact name) that will provide oversight. Indicate if negotiations Approval? are on-going and with whom. Has OGC reviewed / drafted? Related RC/BT? X Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If ves. identify code section(s) in box below and provide detailed Waiver of Code? explanation (including impacts) within white paper. Code Reference: If yes, Identify code in box below and provide detailed explanation Code Exception? (including impacts) within white paper. Code Reference: If yes, identify related code section(s) and ordinance reference Related Enacted number in the box below and provide detailed explanation and any changes Ordinances? 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?		
Surplus Property Certification?		Attachment: If yes, attach appropriate form(s).		
Reporting Requirements?		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 reports.		
	E	SUSINESS IMPACT ESTIMATE		
Pursuant to Section 166. ordinances that are <u>NOT</u>		the City is required to prepare a Business Impact Estimate for a this requirement.		
		ovided below. Please check all exemption boxes that apply to this sile, a Business Impact Estimate IS NOT required.		
The proposed	d ordinance i	s required for compliance with Federal or State law or regulation;		
The proposed	d ordinance r	relates to the issuance or refinancing of debt;		
The proposed ordinance relates to the adoption of budgets or budget amendments, including revenue sources necessary to fund the budget;				
The proposed ordinance is required to implement a contract or an agreement, including, but not limited to, any Federal, State, local, or private grant or other financial assistance accepted by the municipal government;				
The proposed	d ordinance is	s an emergency ordinance;		
The ordinance relates to procurement;				
The proposed ordinance is enacted to implement any of the following:				
	oment regulation	lorida Statutes, relating to growth policy, county and municipal planning, and on, including zoning, development orders, development agreements and		
c. Section 55	53.73, Florida	90.046, Florida Statutes, regarding community development districts; Statutes, relating to the Florida Building Code; a Statutes, relating to the Florida Fire Prevention Code.		
f none of the boxes abov	e are checke	ed, then a Business Impact Estimate IS REQUIRED to be prepared by		

If none of the boxes above are checked, then a Business Impact Estimate <u>IS REQUIRED</u> to be prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at:

https://www.coi.net/departments/finance/budget/mayor-s-budget-review-committee

Division Chief:	Stan Xollo	Date:	5/19/2025
Prepared By:	Galancia Koyem-Cons	Date:	5/19/2025
	(signature)	***************************************	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o the Budget Office, St. James Suite 325				
Thru:	Brittany Norrls, Director of Intergovernmental Affairs, Office of the Mayor				
	(Name, Job Title, Department)				
	Phone:	255-5000	E-mail:	BNorris@coj.net	
From:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone:	255-5000	E-mail:	BNorris@coj.net	
Primary	Brittany Norrls, Director of Intergovernmental Affairs, Office of the Mayor				
Contact	(Name, Job Ti	tle, Department)			
	Phone:	255-5000	E-mail:	BNorris@coj.net	
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	Phone:	255-5000	E-mail:	BNorris@coi.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			/ Constitutional Officer	
	Phone:		E-mail:		
Primary					
Contact	(Name, Job Title, Department)				
	Phone: _		E-mail:		
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				
	Phone:	255-5000	E-mail:	BNorris@coj.net	
	-				
Legislation the legislati		endent Agencies re	quires a re	esolution from the Independent Agency Board approving	
Independer	nt Agency A	Action Item: Yes	s No		
Ε	3oards Actic	on / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	
		-			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 5 of 5