LEGISLATIVE FACT SHEET

DATE:	02/04/25	BT or RC No:
		.=
SPONSOR:	Public Works/Re	eal Estate in Council member Jimmy Peluso's District 7
		(Department/Division/Agency/Council Member)
Contact for all	inquiries and preser	ntation: Renee Hunter
Provide Name	•	Renee Hunter, Chief, Real Estate Division
Cont	act Number:	904-255-8234
Emai	Address:	ReneeH@coj.net.
		slation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council roduced legislation and the Administration is responsible for all other legislation.
	0 words - Maximum o	
License Agreeme 0000 (241 W. Ast maps attached. T	nt with EJPC, LLC. for Ja nley Street); RE#073946	requesting authorization to seek legislation for City Council to approve the acksonville Fire and Rescue ("JFRD") to use a parking lot located at RE# 073944-0000 (225 W. Ashley Street) and RE# 073945-0000 (124 W. Ashley Street). See aily parking for approximately 45 JFRD employees and when the Emergency
per square foot to supported by an A	taling a monthly rate of \$ Appraisal Report. This lic	otal of 22,050 square feet between the three (3) properties at a rental rate of \$.10 (52,300.00) and includes a yearly escalation rate of 4%. This rental amount is ense is for five (5) years allowing for a single five (5) year renewal. The license lee of October 1, 2024 per JFRD's request and with the approval of the Office of
		+

APPROPRIATION: Total Ar		as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numb	ers 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:
	To:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
Name of Refault Contribution(S).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
the funding for a specific time frame 122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of The fund for this acquisition will con 00111.121003.549040.000000.000	e? Will there be an ongoing maintenance cipated post-construction operation costs 1 page.) the from: 0011.123004.549040.000000.0000000000000000000000	
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code provisions for each. **ACTION ITEMS:** Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate? Fiscal Year Note: If yes, note must include explanation of all-year subfund carryover language. Carryover? Attachment: If yes, attach appropriate CIP form(s). Include justification for **CIP Amendment?** mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name Contract / Agreement of Department (and contact name) that will provide oversight. Indicate if Approval? negotiations are on-going and with whom. Has OGC reviewed / drafted? Jacksonville Fire and Rescue will be the managing department and Benjamin Kodatt is the point of contact. License Agreement has been reviewed and approved by OGC the final document. Related RC/BT? Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide Waiver of Code? detailed explanation (including impacts) within white paper. Code Reference: If yes, identify code in box below and provide detailed Code Exception? explanation (including impacts) within white paper. Code Reference: If yes, identify related code section(s) and ordinance Related Enacted reference number in the box below and provide detailed explanation and any Ordinances? changes necessary within white paper.

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

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

ACTION ITEMS: Continuation of Grant?		No x	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? Reporting Requirements?			Attachment: If yes, attach appropriate form(s). 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
		, the Cit	USINESS IMPACT ESTIMATE by is required to prepare a Business Impact Estimate is requirement. A list of ordinance exemptions are
provided below. Please che is applicable, a Business In	eck all exe npact Estir	mption mate <u>IS</u>	boxes that apply to this ordinance. If an exemption

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 ordinance relates to the issuance or refinancing of debt;

The proposed ordinance relates to the adoption of budgets or budget amendments,

	The proposed ordinance is an emergency ordinance;		
	The ordinance relates to procurement; or		
	The proposed ordinance is enacted to implement the following a. Part II of Chapter 163, Florida Statutes, relating to growth pomunicipal planning, and land development regulation, includin orders, development agreements and development permits;	olicy, co	•
	 b. Sections 190.005 and 190.046, Florida Statutes, regarding co c. Section 553.73, Florida Statutes, relating to the Florida Build d. Section 633.202, Florida Statutes, relating to the Florida Fire 	ding Co	de; or
prepared by the with the memorar	tes above are checked, then a Business Impact Estimate IS RE using agency/office/department and submitted in the MBRC filing address, legislative fact sheet, etc. A Business Impact Estimate/www.coj.net/departments/finance/budget/mayor-s-budget-rest	ng packi timate f	et along orm can
Division Chief:	1 Case fate	Date:	2/4/25
Propored But	(signature)	Data	a Max

(signature)

ADMINISTRATIVE TRANSMITTAL

10:	MBHC, c/o the Budget Office, St. James Suite 325			
Thru:	Nina Sickle	er, P.E., Director Pu	blic Works	
	Phone:	255-8748	E-mail:	NSickler@coj.net
From:	Renee Hur	nter, Chief, Real Est	late	
	Initiating De	partment Representa	tive (Name, Job	Title, Department)
	Phone: _	255-8234	E-mail:	ReneeH@coj.net
Primary Contact:		nter, Chief, Real Est		
Cornact.	miliating 50	partment Representa	-	•
	Phone: _	255-8234	E-mail:	RenneH@coj.net
CC:	Brittany No	rris, Director of Inte	rgovernmental	Affairs, Office of the Mayor
	Phone:	667-9326	E-mail:	BNorris@coj.net
COUN				Y / CONSTITUTIONAL OFFICER TRANSMITTAL St. James Suite 480
	Phone: _	904-255-5074	E-mail:	JSawyer@coj.net
From:				
	Initiating Co	uncil Member / Indepe	endent Agency /	Constitutional Officer
	Phone:		E-mail:	
Primary Contact:				
Contact.		Title, Department)		
	Phone:		E-mail:	
CC:	Brittany No	rris, Director of Inte	rgovernmental .	Affairs, Office of the Mayor
	Phone:	667-9326	E-mail:	BNorris@coj.net
approving	g the legisl	ation.	•	resolution from the Independent Agency Board
•	ient Agenc	y Action Item:	Yes No	
E	Boards Acti	on / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED