LEGISLATIVE FACT SHEET

DATE:	02/09/22	BT or RC No:	
		(Administration & City Co	ouncil Bills)
SPONSOR:	Planning a	nd Development Department / Community Pla (Department/Division/Agency/Council Men	
Contact for all	nquiries and p	resentation:	
Provide Name:		Krista Fogarty, Community Planning Div	ision
Conta	act Number: 90	4-255-7825	•
Email	Address: <u>K</u>	ogarty@coj.net	
Research will comple (Minimum of 35	ete this form for Co O words - Maxi		e for all other legislation.
and 0 College Stre redevelopment are be designated as a designation, the or Environmental Pro from the State of F 50% State corpora property owner als	eet be designated ea, Enterprise Zo a Brownfield Area wner will negotiat tection (FDEP). ** Iorida's Voluntary ate income tax cre to wishes to apply vnfield Area designation of the control of th	statutes (F.S.), CLH-Jacksonville, LLC. is requesting that as a Brownfield Area. Florida Statutes require that an all se, Empowerment Zone, closed military base or designarily local government Resolution. Following enactment of a Brownfield Site Rehabilitation Agreement (BSRA) with the owner is pursuing the Brownfield Area designation at Clean Up Tax Credit Program (VCTC). The VCTC will addit for assessment and cleanup costs, up to an annual afor cleanup liability protection from the State. The owner anation, as required by Section 376.80(2)(c), F.S. The site	rea outside of a community ted brownfield pilot project area of the legislation approving the th the Florida Department of and BSRA in order to benefit allow the site owner to receive a amount of \$500,000. The thas met all of the five criteria
APPROPRIATI	ON: Total Ar	nount Appropriated N/A	as follows:
		vide Object and Subobject Numbers for each	_
(Name of Fund as	it will appear in t	le of legislation)	
Name of Federal F	undina Source(s)	From:	Amount:
		То	Amount:
		From	A
Name of State Ful	nding Source(s):	From	Amount
		То	Amount:
Name of City of Ja	icksonville Fundii	From:	Arnount:
		То:	Amount:
Name of in Kind C	'antribution(s):	From	Amount

	To:	Amount:
Name & Number of Bond Account(s):	From	Amount:
Accounting).	То	Amount:
Explain: Where are the funds of the funding for a specific time for	coming from ame? Will anticipated	RIATION / FINANCIAL IMPACT / OTHER: n, going to, how will the funds be used? Does the funding require a match? Is there be an ongoing maintenance? and staffing obligation? Per Chapters I post-construction operation costs.
Item does not include any appr	opriations	
ACTION ITEMS: Purpos code provisions for each.	e / Check	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes	s No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	X	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	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.
Code Exception?	X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Page 2 of 5

Related Enacted Ordinances?	х	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.

Page 3 of 5 Rev. 8/2/2016 (CLB RM)

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

ACTION Co	ITEMS: Yes ntinuation of Grant?	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?	
(Property Certification? Reporting x	X	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 In accordance with §376.80, F.S., a copy of the signed Resolution enacting a Brownfield Area has to be sent to the Florida Department of Environmental Protection. This has to be done within 30 days of the adoption of the Resolution. The Planning and Development Department, Krista Fogarty, City Planner III, 255-7825, will be responsible for generating the required report.	
Division Chief: Wisten Delle Constant Date: 2/1/22 Prepared By: Mayo Forgatty (signature) Date: 2/1/22				
		A	DMINISTRATIVE TRANSMITTAL	
То:	MBRC, c/o Jasmin	e Jorda	n, Budget Office, St. James Suite 325	
Thru:	William B. Killingsworth, Director, Planning and Development Department (Name, Job Title, Department) Phone: 255-7811 E-mail: BillK@coj.net			
From:	Kristen Reed, Chief, Community Planning Division, Planning and Development Department Initiating Department Representative (Name, Job Title, Department)			
	Phone: 255-7	837	E-mail: KReed@coj.net	
Primary	Krista Fogarty, City I	Planner I	II, Community Planning Division, Planning and Development Dept.	
Contact:	(Name, Job Title, Department Phone: 255-7	,	E-mail: Kfogarty@coj.net	
CC:	Rachel Zimmer, In Phone: 255-5	_	ernmental Affairs Liaison, Office of the Mayor E-mail: <u>rachelz@coj.net</u>	

Page 4 of 5

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone: _	255-5055	E-mail:	psidman@coj.net		
From:						
	Initiating Council Member / Independent Agency / Constitutional Officer					
	Phone:		E-mail:			
Primary						
Contact:	(Name, Job	Title, Department)				
	Phone: _		E-mail: _			
CC:	Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor					
	Phone:	255-5006	E-mail:	rachelz@coj.net		
approvin	g the legisl	ation.	es requires a i	resolution from the Independent Agency Board		
•	_	on / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED