## **LEGISLATIVE FACT SHEET**

DATE:	07/08/24	4	BT or RC N	lo:	ВТ
			(Administration & City	/ Council Bills)	
SPONSOR:	Budget Of	fice			
		(Depa	rtment/Division/Agency/Counc	cil Member)	
Contact for all in	nquiries and pre	esentations:	Guy	Parola	
Provide Name:			Guy Parola		
Cor	ntact Number: 2	55-5305			
Ema	ail Address: g	parola@coj.net			
	No. 200 August 200 Aug		Provide; Who, What, When, Where nistration is responsible for all other		act.) Council Research
(Minimum of 350	words - Maximu	m of 1 page.)			
APPROPRIATION List the source	ON: Total Amo	unt Appropriated: de Object and Sub	\$180,000.00  bject Numbers for each	as follows	
(Name of Fund as it will appear in tit					
Name of Federal Funding Sour	unding Source(s):	From: To:		Amount: _	
		From:		Amount:	
Name of State Fund	ding Source(s):	То:		Amount:	
Name of City of Jac	ksonville Funding	From: Downtown Deve	elopment Loan	Amount:	\$180,000.00
Source(s):		To: Downtown Deve	elopment Loan	Amount:	\$180,000.00
Name of In-Kind Contribut	ntribution(s):	From:		Amount:	
Taille Of M-Kind Ou	ouori(3).	То:		Amount:	
Name & Number of	Bond Account(s):	From:		Amount:	
Taine a Hamber of D		To:		Amount:	

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## 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.)

DIA received as repayment on a loan \$180,000 from FSCJ, with that revenue being received as unappropriated revenue. This legislation would appropriate that revenue within the Downtown Northbank CRA Trust, Downtown Development Loan, the Fund and Activity from which the loan was made.			
ACTION ITEMS: Purpose / Che provisions for each.	eck Lis	st. If "Yes" please provide detail by attaching justification, and code	
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.	
Federal or State	x	Explanation: If yes, explanation must include detailed nature of mandate including	
Mandate?		Statute or Provision.	
Fiscal Year Carryover? X		Note: If yes, note must include explanation of all-year subfund carryover language.	
		CRA / TIF Funds are all-years accounts.	
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?	x	Attachment: If yes, attach appropriate RC/BT form(s).	
Waiver of Code?	х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.	
Code Exception?	Х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.	
Related Enacted Ordinances?	x	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.	

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

ACTION ITEMS:	Yes No	Enterties the Whatestate and December to discount to a make to
Continuation 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?
Surplus Property Certification?	x	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 Department (include contact name and telephone number) responsible for generating reports.
	<u> </u>	USINESS IMPACT ESTIMATE
Pursuant to Section 166.0 ordinances that are NOT	100 1000 1000	the City is required to prepare a Business Impact Estimate for this requirement.
	5	vided below. Please check all exemption boxes that apply to this le, a Business Impact Estimate IS NOT required.
The proposed	d ordinance is	s required for compliance with Federal or State law or regulation;
The proposed	d ordinance r	elates to the issuance or refinancing of debt;
		elates to the adoption of budgets or budget amendments, including ry to fund the budget;
	y Federal, Sta	s required to implement a contract or an agreement, including, but not ate, local, or private grant or other financial assistance accepted by ;
The proposed	d ordinance is	s an emergency ordinance;
The ordinance	e relates to p	rocurement;
The proposed	d ordinance is	s enacted to implement <u>any</u> of the following:
	ment regulation	lorida Statutes, relating to growth policy, county and municipal planning, and on, including zoning, development orders, development agreements and
		90.046, Florida Statutes, regarding community development districts;
		Statutes, relating to the Florida Building Code;  statutes, relating to the Florida Fire Prevention Code.
2. 222.3.1 00	,	*

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.coj.net/departments/finance/budget/mayor-s-budget-review-committee

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Div	rision Chief:	Loui	Boye (signature)		Date:	7/5/2024		
P	repared By: _	Monfin	(signature)		Date:	6 <del>/20/202</del> 4		
		ADN	IINISTRATIV	E TRANSMITTAL				
To:	MBRC, c/	o the Budget Offic	ce, St. James	Suite 325				
Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor								
	(Name, Job	(Name, Job Title, Department)						
	Phone:_	255-5000	E-mail: _	BNorris@coj.net				
From:	Brittany No	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	Initiating De	partment Representat	ive (Name, Job T	itle, Department)				
	Phone:	255-5000	E-mail:	BNorris@coj.net				
Primary	bilitary Norths, Director of intergovernmental Analis, Office of the Mayor							
Contact	(Name, Job Title, Department)							
	Phone:	255-5000	E-mail: _	BNorris@coj.net				
CC:	Brittany No	rris, Director of Inte	rgovernmental A	Affairs, Office of the Mayor				
	Phone:	255-5000	E-mail:	BNorris@coj.net				

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staffopoulos, Office of	Mary Staffopoulos, Office of General Counsel, St. James Suite 480				
	Phone: 904-255-5062	E-mail: mstaff@coj.net				
From:						
	Initiating Council Member / Indepen	ndent Agency / 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		equires a resolution from the Independent Agency Board approving				
Independe	ent Agency Action Item: You	es No				
	Boards Action / Resolution?	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				
		DIA RESOLUTION 2024-06-06, ATTACHED				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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