LEGISLATIVE FACT SHEET

DATE:	02/0	5/21	BT or RC No:	N/A
			(Administration & City Council Bi	
SPONSOR:	Mayor's	S Office		
		(Departme	ent/Division/Agency/Council Member)	
Contact for all i	inquiries ai	nd presentations	Stephanie Burch	
Provide Name:				
Conta	ict Number	: 904-255-5034		
Email	Address:	stephanieb@coj.net		
TOOLS OF THE COLLEGE	NO HAS IOITH IO	Why this legislation is necessary r Council introduced legislation a aximum of 1 page.)	? Provide; Who, What, When, Where, How an and the Administration is responsible for all others.	nd the Impact.) Council her leaislation.
ndependent author	rities. The le	edistative changes being regi	y's intent to permit a non-profit Communit property is circulated to other City Depart uested will ensure the success of the Con he most sense to support its affordable h	tments and

APPROPRIATION: Total A List the source name and p	Amount Appropriated	as follows: pers for each category listed below:
(Name of Fund as it will appear in		elow,
Name of Federal Funding Source(s	From;	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
lame of City of Jacksonville unding Source(s):	From:	Amount:
unding source(s):	То:	Amount:
ame of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
lame & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

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.

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

ACTION ITEMS:	Yes	No	
Emergency?		х	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?		×	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?		×	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?			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?		×	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	ī.		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: Ye	s No		
Continuation of Grant?	×	Is the funding for a specific time fra	e used? Does the funding require a match? ame and/or multi-year? If multi-year, note i implications for the General Fund?
Surplus Property		AMachanata Mara da da	
Certification?		Attachment: If yes, attach appropr	
Reporting Requirements?	x	and trequency of reports, including	ing City Council / Auditor) to receive reports when reports are due. Provide Department ne number) responsible for generating
	_		
Division Chief:	PSV	well	Date: 2/5/2
/		(signature)	01-1
Prepared By:	2. 0	mun	Date: 2/5/21
		(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 Representative	(Name, Job Title, Department)					
	Phone: 904-255-5034	E-mail: stephanieb@coi.net					
Primary	Stephanie Burch						
Contact:	(Name, Job Title, Department)						
	Phone: 904-255-5034	E-mail: stephanieb@coj.net					
CC:							
	Phone:	E-mail:					
		8					
COUN	CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
		THE					
To:	Peggy Sidman, Office of Gene	ral Counsel, St. James Suite 480					
	Phone:	E-mail: psidman@coj.net					
From:							
	Initiating Council Member / Independe	nt Agency / Constitutional Officer					
	Phone:	E-mail:					
Primary							
Contact:	(Name, Job Title, Department)						
	Phone:	E-mail:					
CC:		ntal Affairs Liaison, Office of the Mayor					
	Phone:	E-mail:					
Legislatic approving	on from Independent Agencies r g the legislation.	equires a resolution from the Independent Agency Board					
	dent Agency Action Item: Yes	No					
E	Boards Action / Resolution?	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED