LEGISLATIVE FACT SHEET

DATE:	04/19/2	4 BT or	BT or RC No:				
		(Administration	(Administration & City Council Bills)				
CDONICOD.	O#:						
SPONSOR:	Office of Ed	Office of Economic Development (Department/Division/Agency/Council Member)					
0		-					
Contact for all inq	uiries and pre						
Provide Name:	-1 NT	Paul Crawford					
	ct Number:	255-5446					
Email	Address:	Paulc@coj.net					
		egislation is necessary? Provide; Who, What, When, WI d legislation and the Administration is responsible for all					
			Sillor regionation.				
(Minimum of 350 w	orus - Iviaximu	n oi 1 page.)					
amend for a third time The Florida Forestry S land that now sits as a	e a Lease Agreem Service would like an outdoor storag by Ordinance 20 ge: approx. 1800 month and \$200.0 with (2) 1 Year re	00/mo CAM Fee. enewal options	vice. enue (Bldg. 374) and a portion of the				
APPROPRIATION	N: Total Amo	unt Appropriated: N/A	as follows:				
List the source na	ime and provi	de Object and Subobj <mark>ect Numbers for ea</mark>	ch category listed below:				
(Name of Fund as it w	vill appear in title	of legislation)					
Name of Federal Fund	nding Source(s):	From:	Amount:				
		То:	Amount:				
L		From:	Amount:				
Name of State Fundin	ng source(s):	То:	Amount:				
			to appropriate				
Name of City of Jacks	onville Funding	From:	Amount:				

Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond Account(s):	From:	Amount:	
	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.)			
The lease payments will be paid and deposited in the Cecil Commerce Center Trust Fund. OED oversees the property at Cecil Commerce Center.			
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.			
ACTION ITEMS: Yes Emergency?	No Justification emergence	on of Emergency: If yes, explanation must include detailed nature of	
Federal or State Mandate?		on: If yes, explanation must include detailed nature of mandate Statute or Provision.	
Fiscal Year Carryover?	Note: If you language.	es, note must include explanation of all-year subfund carryover	
CIP Amendment? Contract / Agreement Approval?	x year amer Attachmer of Departr negotiatio The OGC Office of	nt & Explanation: If yes, attach the Contract / Agreement and name ment (and contact name) that will provide oversight. Indicate if ins are on-going and with whom. Has OGC reviewed / drafted? Chas reviewed and drafted the Amendment to the lease. The Economic Development will provide the oversight.	
Related RC/BT? Waiver of Code?	Code Refe	nt: If yes, attach appropriate RC/BT form(s). erence: If yes, identify code section(s) in box below and provide explanation (including impacts) within white paper.	
Code Exception?		erence: If yes, identify code in box below and provide detailed on (including impacts) within white paper.	

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Related Enacted Ordinances?	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.
	 2021-239-E (Orig. Lease)

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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		
Continuation of Gran	t?	x	Explanation: How will the funds be used? D Is the funding for a specific time frame and/o year of grant? Are there long-term implicatio	r multi-year? If multi-year, note
Surplus Proper Certification Reportir Requirements	n? ng	X	Attachment: If yes, attach appropriate form(s Explanation: List agencies (including City Co and frequency of reports, including when rep (include contact name and telephone numbe	ouncil / Auditor) to receive reports orts are due. Provide Department
		<u> </u>	SINESS IMPACT ESTIMATE	
			e City is required to prepare a Busines ded below. Please check all exemptio	
Т	he propos	ed ordin	ance is required for compliance with F	ederal or State law or regula
Т	he propos	ed ordin	ance relates to the issuance or refinal	ncing of debt;
	100		ance relates to the adoption of budge ources necessary to fund the budget;	ts or budget amendments,
			ance is required to implement a contra ny Federal, State, local, or private gra	<u>-</u>
Т	he propos	ed ordin	ance is an emergency ordinance;	
Т	he ordina	nce relat	es to procurement;	*
Т	a. Part II ob. Section c. Section	of Chapters s 190.005 553.73, I	ance is enacted to implement <u>any</u> of to 163, Florida Statutes, relating to growth and 190.046, Florida Statutes, regarding Florida Statutes, relating to the Florida Bustonida Statutes, relating to the Florida Florida Statutes, relating to the Florida F	policy, county and municipal g community development iilding Code;
the using agency/offic request, legislative fac	e/departn ct sheet, e	ent and tc. A Bu	then a Business Impact Estimate <u>IS</u> submitted in the MBRC filing packet a siness Impact Estimate form can be form the transfer of the siness Impact Estimate form can be form the siness Impact Estimate form can be form the siness Impact Estimate form can be formed by the siness Impact Estimate Impact Impact Estimate Impact Estimate Impact Estimate Impact Impact Im	along with the memorandum ound at: let-review-committee
Division Chief:	4	N	(signature)	Date: 4/20/24
Prepared By:	2	2	(signature)	Date: 4/20 24

ADMINISTRATIVE TRANSMITTAL

	https://	www.coj.net/depar	tments/finance/	oudget/mayor-s-budget-review-committee			
To:	MBRC, c/o the Budget Office, St. James Suite 325						
Thru:	: N/A						
	(Name, Job T	itle, Department)					
	Phone:		E-mail: _				
From:	Ed Randolp	Ed Randolph, Executive Director, Office of Economic Development (OED)					
	Initiating Dep	Initiating Department Representative (Name, Job Title, Department)					
	Phone:	255-5455	E-mail: e	dwardr@coj.net			
Primary		74					
Contact:	(Name, Job T	(Name, Job Title, Department)					
	Phone:		E-mail: _				
CC:	Brittany Norris, Intergovernmental Liaison, Office of the Mayor						
	Phone:	255 5024	E-mail:	hnorris@coi net			

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staffopolous, Office of General Counsel, St. James Bldg., Suite 480			
	Phone:	255-5062	E-mail:	mstaff@coj.net
From:				
	Initiating Cour	ncil Member / Independe	ent Agency / Cor	nstitutional Officer
	Phone:		E-mail:	
Primary				
Contact:	(Name, Job T	itle, Department)		
	Phone:		E-mail:	
CC:	Brittany Norris, Intergovernmental Liaison, Office of the Mayor			
	Phone:	255-5024	E-mail:	bnorris@coj.net
	_		400	
_	n from Indepe the legislatio	•	quires a reso	lution from the Independent Agency Board
Independe	ent Agency A Boards Ac	action Item: Stion / Resolution?	1 1 1	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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