## **LEGISLATIVE FACT SHEET**

(Name of Fund as it will appear in		Numbers for each category listed below	۸/۰
( Tarrito of Carra as it will appear in		Tomboro for each eategory herea below	
Name of Federal Funding Source(s	From:	Amount:	
	То:	Amount:	
N(0)   F (1 0	From:	Amount:	
Name of State Funding Source(s):	То:	Amount:	
Name of City of Jacksonville Funding Source(s):	From:	Amount:	
	To:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	ITo:	Amount:	
	l post-construction operation costs.  1 page.)		2 &
Minimum of 350 words - Maximum of	1 page.)		
Minimum of 350 words - Maximum of The City of Jacksonville pr	1 page.) oposes to provide a Recap	uture Enhanced Value (REV) Grant	of
Minimum of 350 words - Maximum of 350 words -	1 page.) oposes to provide a Recap	oture Enhanced Value (REV) Grant naving 10 years to reach the maxim	of
Minimum of 350 words - Maximum of 350 words -	1 page.) oposes to provide a Recap		of
The City of Jacksonville pr 50% of the City taxes calc	1 page.) oposes to provide a Recap		of
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The City of Jacksonville pr 50% of the City taxes calc	1 page.) oposes to provide a Recap		of
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The City of Jacksonville pr 50% of the City taxes calc	1 page.) oposes to provide a Recap		of

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

ACTION ITEMS: Yes	No	tratification of Empresonal Management of the state of th
Emergency?	X	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		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?	X	language.
CIP Amendment?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement		Attachment & Explanation: If yes, attach the Contract / Agreement and name of
Approval? X		Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
		A development agreement will be entered into and the Office of Economic Development will have on-going oversight and compliance responsibilities.
Related RC/BT?	X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	X	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.
Related Enacted X 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.
		<u></u>

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 Grant?		х	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?		×	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
·			
Division Chief:	<u>S,</u>		Date: 2/4/2 5
Prepared By:	$\binom{1}{k}$		(signature)  Date: 2/4/25
r repared by.		\ <u></u>	(signature)

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Jessie Xia , Budget	Office, St. James Suite 325			
Thru:	N/A				
	(Name, Job Title, Department)				
	Phone:	E-mail:			
From:		Office of Economic Development (OED)			
	Initiating Department Representative (	•			
	Phone: 255-5455	E-mail: edwardr@coj.net			
Primary	Paul Crawford, Director of Business Development, OED				
Contact:	(Name, Job Title, Department)				
	Phone: <u>255-5446</u>	E-mail: <u>paulc@coj.net</u>			
CC:					
	E-mail:				
COUN	<u> CIL MEMBER / INDEPENDENT</u>	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
То:	Many Staffonolous, Office of Go	neral Counsel, St. James Bldg., Suite 480			
10.	Phone: 904-255-5055				
Скоми					
From:	Initiating Council Member / Independen	nt Agency / Constitutional Officer			
	Phone:				
Primary					
A	(Name, Job Title, Department)				
	Phone:	E mail:			
00					
CC:	Brittany Norris, Intergovernmental L	•			
	904-255-5024 E-mail: <u>bnorris</u>	(@coj.net			
		equires a resolution from the Independent Agency Board			
	g the legislation.				
	ent Agency Action Item: Yes	No Attachment: If yes, attach appropriate documentation. If no,			
	oards Action / Resolution?	when is board action scheduled?			

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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