LEGISLATIVE FACT SHEET

DATE:	10/10/	25	BT or RC No:			
			(Administration &	City Council Bills)		
SPONSOR:	Office of E	conomic Development				
		(Departmen	/Division/Agency/Counci	il Member)		
Contact for all i	inquiries and pro	esentations:				
Provide Name:			Paul Crawford			
Contact Number:		255-				
Em	ail Address:	Paulc(a	<u>)coj.net</u>			
PURPOSE: White Pa will complete this form	aper (Explain Why this n for Council introduc	legislation is necessary? Provided legislation and the Administra	e; Who, What, When, Wher ion is responsible for all oth	e, How and the Impact.) Cer legislation.	Council Research	
(Minimum of 350) words - Maximu	ım of 1 page.)				
JMST is seeking re of motorcycles to poly takes place on The following is a Monthly Rent: \$200 Overall Term: 1 Year Assignment: Only w	te a License Agreei enewal of their currerivate citizens The laweekends. brief abstract of roman ar; with (2) 1 Year rowith prior written cor	per month (consecutive Satu enewal options nsent of the Landlord	v and Jacksonville Motori e Center. JMST provides by any of the existing te	cycle Safety Training, fr	nc. (JMST).	
		unt Appropriated: de Object and Subobjec	N/A at Numbers for each	as follows:	ow:	
(Name of Fund as it				, , , , , , , , , , , , , , , , , , ,		
Name of Federal Fu	nding Source(s):	From: N/A		Amount:	\$0.00	
		То:	1970	Amount:		
Name of State Fund	ling Source(s):	From:		Amount:		
		То:		Amount:		
Name of City of Jac Source(s):	ksonville Funding	From:		Amount:		
	·	То:		Amount:		
Name of In-Kind Co	ntribution(s):	From:	-1	Amount:		
		То:		Amount:		

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Name & Number of Bond Account(s):	From:	Amount:
	To:	Amount:
PLAIN LANGUAGE OF APPROF Explain: Where are the funds coming for funding for a specific time frame? Will the regarding funding of anticipated post-con (Minimum of 350 words - Maximum of 1 page)	PRIATION / FINANCIAL IMPAC om, going to, how will the funds be used here be an ongoing maintenance? ar histruction operation costs. ge.)	
provisions for each.	ck List. If "Yes" please provide d	etail by attaching justification, and code
ACTION ITEMS: Yes Emergency? [X Justification of Emergency: If emergency.	yes, explanation must include detailed nature of
Federal or State Mandate?	Explanation: If yes, explanation including Statute or Provision	on must include detailed nature of mandate
Fiscal Year Carryover?	X Note: If yes, note must includ language.	e explanation of all-year subfund carryover
CIP Amendment? Contract / Agreement Approval?	year amendment. Attachment & Explanation: If of Department (and contact nature) negotiations are on-going and	propriate CIP form(s). Include justification for mid- yes, attach the Contract / Agreement and name ame) that will provide oversight. Indicate if with whom. Has OGC reviewed / drafted? d drafted the license. The Office of I provide the oversight.
Related RC/BT? Waiver of Code?	X Attachment: If yes, attach app Code Reference: If yes, identification detailed explanation (including	fy code section(s) in box below and provide
Code Exception?	X Code Reference: If yes, identi explanation (including impacts)	fy code in box below and provide detailed within white paper.
Related Enacted Ordinances?	Code Reference: If yes, identi reference number in the box be changes necessary within whit	ry related code section(s) and ordinance elow and provide detailed explanation and any e paper.

justification, and code provisions for each. **ACTION ITEMS:** No Explanation: How will the funds be used? Does the funding require a match? Continuation of Grant? 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 Attachment: If yes, attach appropriate form(s). Certification? Explanation: List agencies (including City Council / Auditor) to receive reports Reporting Х and frequency of reports, including when reports are due. Provide Department Requirements? (include contact name and telephone number) responsible for generating **BUSINESS IMPACT ESTIMATE** Pursuant to Section 166.041(4), F.S., the City is required to prepare a Business Impact Estimate for A list of ordinance exemptions are provided below. Please check all exemption boxes that apply to this The proposed ordinance is required for compliance with Federal or State law or regula The proposed ordinance relates to the issuance or refinancing of debt; The proposed ordinance relates to the adoption of budgets or budget amendments, including revenue sources necessary to fund the budget; The proposed ordinance is required to implement a contract or an agreement, includin Х but not limited to, any Federal, State, local, or private grant or other financial assistanc The proposed ordinance is an emergency ordinance; The ordinance relates to procurement; The proposed ordinance is enacted to implement any of the following: a. Part II of Chapter 163, Florida Statutes, relating to growth policy, county and municipal b. Sections 190.005 and 190.046, Florida Statutes, regarding community development c. Section 553.73, Florida Statutes, relating to the Florida Building Code; d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code. If none of the boxes above are checked, then a Business Impact Estimate IS REQUIRED to be prepared b 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 Division Chief (signature) Prepared By: Date: 10/10/25 (signature)

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching

ADMINISTRATIVE TRANSMITTAL

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

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staff	Mary Staffopolous, Office of General Counsel, St. James Bldg., Suite 480				
	Phone:	255-5062		mstaff@coj.net		
From:						
	Initiating Cou	ncil Member / Independ	ent Agency / Cor	nstitutional Officer		
	Phone:		E-mail:			
Primary						
Contact:	(Name, Job T	itle, Department)				
	Phone:		E-mail:			
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor					
	Phone:	255-5024	E-mail:	bnorris@coj.net		
			_			
approving	the legislatio	on.	quires a resolu	ution from the Independent Agency Board		
Independe	ent Agency A Boards Act	ction Item: Y tion / Resolution?	ves No A	attachment: If yes, attach appropriate documentation. If no, /hen is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED