LEGISLATIVE FACT SHEET

DATE:	02/16/22		BT or RC No: N/A		
			(Administration & Cit	ty Council Bills)	
SPONSOR:	Dountown Inv	estment Authority			
		(Departmen	t/Division/Agency/Council Me	ember)	
Contact for all i	inquiries and pre	sentations:	Steve	Kelley	
Provide Name:			Steve Kelley		
Conta	act Number: 255-	5304			
Emai	Address: skell	ley@coj.net		Patrick Co.	
Research will comple	5 A (27)	I introduced legislation and to	ovide; Who, What, When, Where he Administration is responsible	e, How and the Impact.) Council for all other legislation.	
 Tenant responsi Tenant responsi Downtown District Such costs will be Tenant will pay per space (inclusivaveraging \$610 w Ground Lease Ag City shall have the prior written notices 	ible for all operating ible for all costs assorted to the form Region offset from rent pay an amount equivaler ve of sales tax), per thich provides a net preement. The right to terminate to Tenant but only is ible for the right to terminate.	costs including maintenal ociated with compliance was ulations Sections 656.361 ments over a one year peat to the prevailing market month, payable monthly. Dayment of \$1,730.00 to be this Lease Agreement at if City plans to use the Prevailance of the control of the cost	ith Municipal Code, Subpart 1.6.2.L by July 1, 2024 (lands priod. I rate for similar surface lots i This equates to \$2,340 per n be received each month throught any time by giving not less t emises for City or public purp	H Downtown Overlay Zone And cape and screening improvements). In Downtown Jacksonville, \$65.00 month less monthly expenses ugh the end of the 5 year term of the chan one-hundred eighty (180) days coses, develop the Premises, er development and/or sale of the	
APPROPRIAT	ION: Total Amo	unt Appropriated:	N/A	as follows:	
List the source	name and provi	de Object and Subot	ject Numbers for each	category listed below:	
(Name of Fund as	it will appear in title	of legislation)			
Name of Federal	Funding Source(s):	From:		Amount:	
		To:		Amount:	
Name of State Fu	nding Source(s):	From:		Amount:	
Name of State Fu	noing Source(s).	To:		Amount:	
		From:		Amount:	
Name of City of Jacksonville Funding		To:		Amount:	
Name of In-Kind Contribution(s):		From		Amount:	
		То:		Amount:	
Name & Number of Bond Account(s):		From		Amount:	
		To:		Amount:	
				746	

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 City will not appropriate any funding with this legislation.				
ACTION ITEMS: Purpose / Cl provisions for each.	neck 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 Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.		
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.		
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? A lease agreement was prepared by OGC and is on file in substantial form as will be executed with the tenant. Execution will be facilitated through John Crescimbeni, Compliance Officer for DIA. Payments will be directed through the		
Related RC/BT? Waiver of Code?	x	Office of Public Parking. 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?	x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.		
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.		

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

ACTION	VITEMS:	Yes	No					
C	ontinuation of	_f		Explanation: How will the funds be used?	Does the funding require a match? Is			
	Grant?	1 1	х	the funding for a specific time frame and/o				
				of grant? Are there long-term implications	for the General Fund?			
	plus Property Certification?		×	Attachment: If yes, attach appropriate for	n(s).			
				Explanation: List agencies (including City				
_	Reporting			and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating				
He	equirements?			reports.	per) responsible for generating			
		Ш_		Tenant shall deliver the City Certificates of	Insurance that shows the			
				corresponding City Contract or Bid Number				
				of any changes.				
		4	0	1				
Divis	ion Chief:	00	1	Dorke	Date: 2/16/22			
		31		(signatura)				
Dro	pared By:	5	47	Cellen	Date: 2/16/22			
110	pared by			(signature)	Date: 4.0122			
				(aighatura) V				
			A	DMINISTRATIVE TRANSMITTAL				
To	MODO -/-	la annia a	laadaa	Pudest Office Of Leave Outs Oct				
To:	WIDHC, C/O	Jasmine .	Jordan	, Budget Office, St. James Suite 325				
Thru:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor							
	(Name, Job Tit							
	Phone:	255-50	06	E-mail: rachelz@coj_net				
From:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor							
	Initiating Department Representative (Name, Job Title, Department)							
	Phone:			E-mail: rachelz@coi.net				
Primary								
Contact:				ergovernmental Affairs, Office of the May	/or			
	(realite, our re							
	Phone:	255-50	06	E-mail: rachelz@coj.net				
CC:	Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor							
	ATTACA CONTRACTOR			E-mail: rachely@coi ne				

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Peggy Sidman, Office of General Counsel, St. James Suite 480						
	Phone:	255-5055	E-mail:	psidman@coj.net			
From:	Lori Boyer -	DIA CEO					
	Initiating Council Member / Independent Agency / Constitutional Officer						
	Phone:	255-5301	E-mail:	hoyerl@coj.net			
Primary		ey, Director of Devel	opment, DIA				
Contact:	(Name, Job 1	itle, Department)					
	Phone:	255-5304	E-mail:	skelley@coj.net			
CC:	Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor						
	Phone:	255-5006	E-mail:	rachelz@coj.net			
approvir	ng the legisla dent Agency		requires a res	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED