## **LEGISLATIVE FACT SHEET**

DATE: <u>2/8/2023</u>
BT or RC No: N/A
(Administration & City Council Bills)
SPONSOR: Office of Economic Development
(Department/Division/Agency/Council Member
Contact for all inquiries and presentations: Office of Economic Development
Provide Name: Paul Crawford Contact No: 255-5446
Email <u>paulc@coj.net</u>
PURPOSE: White Paper (Explain why this legislation is necessary. Provide, who, what, when where, how and the impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words – Maximum of 1 page)
Gryphon Marine, LLC (formerly CDI Marine, LLC) is seeking renewal of their current lease of 12,747 SF at Cecil Commerce Center at Building 900 located at 6017 POW-MIA Memorial Parkway. This facility provides military contracting options for Gryphon Marine, LLC. The following is a brief abstract of major terms:
The monthly base rent is \$11,448.12 (\$11.01 per SF) with a \$200 monthly CAM charge. The base rent will increase by 3% each year the agreement is renewed  Overall Term: 3 Year; with (2) 1 Year renewal options  Assignment: Only with prior written consent of the Landlord  APPROPRIATION: Total Amount Appropriated _\$0 as follows: List the source name and provide Object and Subobject Numbers for each category listed below:
and Supobject Numbers for each category listed below.
(Name of Fund as it will appear in the title of the legislation)
Name of Federal Funding Source(s)
From: N/A Amount: \$0
To: Amount:
Name of State Funding Source(s)
From: Amount:
To: Amount:
Name of COJ Funding Source(s)
From: Amount:
To: Amount:
Name of In-Kind Contributions:
From: Amount:
To: Amount:

Name & No. of Bon	d 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	s the funding for a specific time frame? Will there be ongoing maintenance and
	Per Chapter 122 & 106 regarding funding of anticipated post-construction operation f 350 words – maximum of 1 page.
This is to for a tena necessary.	nt to re-establish a lease with the City, therefore no funding or appropriation is
ACTION ITEMS:	
Emergency? Yes	No <u>X</u>
Justification of Eme	ergency: If yes, explanation must include detailed nature of emergency.
Federal or State Ma	andate? Yes No X
Explanation: If yes,	explanation must include detailed nature of mandate include Statue or Provision.
Fiscal Year Carryov	er? Yes No <u>X</u>
Note: If yes, note n	nust include explanation of all-year subfund carryover language.
Note if fund is all-ye	
CIP Amendment?	Yes No <u>X</u>
Attachment: If yes,	, attach appropriate CIP form(s). Include justification for mid-year amendment.
	nt Approval? YesX_ No
	anation: If yes, attach the Contract/Agreement & provide name of the Department
	t name and telephone number of the person r that will provide oversight. Indicate if
	-going and with whom. Has OGC reviewed/drafted? OGC has reviewed the draft of
the contract agree	ment. OED will provide oversight and administration.
Related RC/BT? Ye	s No X If yes, attach appropriate RC/BT form(s)
Waiver of Code? Y	· -
Code Reference: If impacts) within wh	yes, identify code section(s) in space below & provide detailed explanation (including ite paper.
•	es No_X
Code Reference: If impacts) within whi	yes, identify code section(s) in space below & provide detailed explanation (including ite paper.
Related Enacted O	relinances? Vos No V

ACTION ITEMS:

Continuation of Grant? Yes\_\_\_\_\_\_ No X\_\_

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? Yes\_\_\_\_\_ No X\_\_ Attachment: If yes, attach appropriate form(s)

Reporting Requirements? Yes\_\_\_\_ No X\_\_

Explanation: List agencies (including City Council/Auditor) to receive reports and frequency of reports, including when reports are due. Provide name of the Department and include contact name and telephone number of the person responsible for generating.

Executive Director: Data State St

Code Reference: If yes, identify related code section(s) and ORD reference number in the space below &

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

provide detailed explanation and any changes necessary within whitepaper.

Prepared By:

## **ADMINISTRATIVE TRANSMITTAL** To: MBRC, c/o Budget Office, St. James Bldg., Suite 325 Thru: N/A (Name, Job Title, Department) From: Kirk Wendland, Executive Director, Office of Economic Development (OED) Initiating Department Representative (Name, Job Title, Department) Phone: <u>255-5445</u> E-Mail: <u>kwendland@coj.net</u> Primary Contact: Paul Crawford, Director of Business Development, Office of Economic Development (Name, Job Title, Department) Phone: 255-5446 E-Mail: paulc@coj.net CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor Phone: 255-5006 E-Mail: rachelz@coj.net **COUNCIL MEMBER/INDEPENDENT AGENCY/CONSTITUTIONAL OFFICER TRANSMITTAL** To: Mary Staffopoulos, Office of General Counsel, St. James Bldg., Suite 480 Phone: 255-5062 E-Mail: mstaff@coj.net From: N/A Initiating Council Member/Independent Agency/Constitutional Officer

Phone:\_\_\_\_\_E-Mail:\_\_\_\_\_ Primary Contact: N/A (Name, Job Title, Department) Phone:\_\_\_\_\_ E-Mail: CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor Phone: <u>255-5006</u> E-Mail: <u>rachelz@coj.net</u> Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation **Independent Agency Action Item:** Board(s) Action/Resolution? Yes\_\_\_\_\_

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED** 

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

No X