LEGISLATIVE FACT SHEET

DATE:	06/13/19	BT or RC N	No:			
		(Administration & Cit	y Council Bills)			
SPONS	Office of E	onomic Development				
		(Department/Division/Agency/Council Member)				
Contact	for all inquiries and p	esentations Office of Econom	ic Development			
Provide	Name:	Ed Randolph, Director of Business Developm	ent Operations			
	Contact Number:	255-5450				
	Email Address:	edr@coj.net				
Research v		is legislation is necessary? Provide; Who, What, When, W cil introduced legislation and the Administration is respon- um of 1 page.)				
end of Copersonne In 1999, following parcel. Hodescribes the parce Recently of Jacksoproperly	ecil Commerce Center. el left the former base. when the Navy still occu which the Navy execute lowever, the 1st Correct d the VyStar parcel. The el erroneously described t, the Navy executed and onville is now the owner reflect VyStar's ownersh	anch building and parking lot on approximately star closed the Cecil branch office in 2000, should be corrective quit claim deed (in 2000) to correct Quit Claim Deed also had an incorrect legal attached aerial shows the actual Vystar branch in the quit claim deed (in blue). The corrective quit claim deed to off the property at Cecil, the City also needs to be professed that includes their building (in years).	Star for that branch building, set the legal description for the description which inaccurately in building parcel (in yellow) and rectify the error. Since the City execute a quit claim deed to sellow, on aerial).			
	PRIATION: Total An source <u>name</u> and pro	ount Appropriated \$0 vide Object and Subobject Numbers for ea	as follows: ch category listed below:			
(Name of	Fund as it will appear in ti	e of legislation)				
Name of F	Federal Funding Source(s)	rom:	Amount:			
		-o:	Amount:			
Name of 9	State Funding Source/s):	rom:	Amount:			
Name of State Funding Source(s):		·o:	Amount:			

Name of City of Jacksonville	From:		Amount:			
Funding Source(s):	То:		Amount:			
Name of In-Kind Contribution(s):	From:		Amount:			
	То:		Amount:			
Name & Number of Bond	From:		Amount:			
Account(s):	То:		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.)						
IVA						
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.						
ACTION ITEMS: Yes Emergency?	lustification of Emerganavy If you explanation must include detailed not		nust include detailed nature of			
Federal or State Mandate?		lanation: If yes, explanation must include de uding Statute or Provision.	tailed nature of mandate			
		2.				
Fiscal Year Carryover?	X 1	e: If yes, note must include explanation of al guage.	l-year subfund carryover			
<u> </u>						

CIP Amendment? X Contract / Agreement Approval?	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
Αρρίοναι:	negotiations are on-going and with whom. Has OGC reviewed / drafted? Office of Economic Development to provide oversight and administration.
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
<u> </u>	Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code? x	detailed explanation (including impacts) within white paper.
Code Exception?	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted	Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
ACTION ITEMS CONTINUED: Pu	rpose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions for	or each.
ACTION ITEMS: Yes No	
Continuation of Grant?	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?	Attachment: If yes, attach appropriate form(s).
Reporting	Explanation: List agencies (including City Council / Auditor) to receive reports
Requirements?	and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating

		c	
Division Chief: /s/ Ed Randolph	(signaturé)	Date:	6/13/2019
Prepared By: /s/ Ed Randolph	E. F.	Date:	6/13/2019
	(signature)		

ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Sam Mousa, Chief Administrative Officer, Mayors Office, Fourth Floor, City Hall at St. James		
	(Name, Job Title, Department)		
	Phone: E	-mail:	
From:	Kirk Wendland, Executive Director, Of	fice of Economic Development (OED)	
	Initiating Department Representative (Nan	ne, Job Title, Department)	
	Phone: <u>255-5455</u> E	-mail: <u>kwendland@coj.net</u>	
Primary	Ed Handolphi, Director of Basiness Beveloph	nent Operations, Office of Economic Development	
Contact:	(Name, Job Title, Department)		
	Phone:255-5450 E	-mail: <u>edr@coj.net</u>	
CC:	vernmental Affairs, Office of the Mayor		
E-mail: jelsbury@coj.net		· · · · · · · · · · · · · · · · · · ·	
cou	JNCIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
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To: Peggy Sidman, Office of General Counsel, E-mail: psidman@coj.ne		Counsel, E-mail: psidman@coj.net	
	St. James Suite 480 Phone: 904-255-5055		
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From:			
	Initiating Council Member / Independent A		
	Phone:	E-mail:	
Primary			
Contact:	(Name, Job Title, Department)E	-mail:	
	Phone:		
CC:	Jordan Elsbury, Director jelsbury@	<u>coj.net</u>	
	904-255-5013 E-mail:		
l a mialati	ton from Indonesia de la Augusta		
	on from independent Agencies requipers requipers requipers and the Resolution.	ires a resolution from the Independent Agency	
Doura ap	Yes	No	
		X Attach	
Independ	dent Agency Action Item:	ment:	
Boards A	Action / Resolution?	If yes, attach appropriate documentation.	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED