LEGISLATIVE FACT SHEET

DATE:	03/20/19)	BT or RC No:	
			(Administration & City C	ouncil Bills)
SPONS	OP: Office of E	aanamia Davalar	amant	
SPONS	Oh. Ollice of E	conomic Develop	rtment/Division/Agency/Council Men	nher)
		(Бера	ntinent/bivision/Agency/Council Men	iber)
Contact	for all inquiries and p	oresentations	Office of Economic I	Development
Provide	Name:	Ed Randolph	, Director of Business Development	Operations
Contact Number: 630-1185			630-1185	
	Email Address:	<u> </u>	edr@coj.net	_
Research v	: White Paper (Explain Why vill complete this form for Co m of 350 words - Maxir	uncil introduced legislat	sary? Provide; Who, What, When, Wher ition and the Administration is responsible	e, How and the Impact.) Council of all other legislation.
for many Jackson Jackson The aver Project L	large international corp ville, a few other cities in ville is selected, the con age annual wage of the iberty has stated that th	porations, is consident the Midwest are unpany proposes to pobs is \$69,000, pose City of Jacksonv	a presence in Jacksonville. Libering expanding its workforce in under consideration for the propocreate a minimum of 198 full-timilus benefits. Tille and State of Florida financial rations in Jacksonville, Florida.	Jacksonville. In addition to sed expansion. If e jobs by the end of 2021.
List the		ovide Object and	ed \$0 Subobject Numbers for each	as follows: category listed below:
(wame of	Fund as it will appear in ti	tie or legistation)		
Name of F	Federal Funding Source(s)	From:		Amount:
		То:	****	Amount:
Name of S	State Funding Source(s):	From:		Amount:
		To:		Amount:

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Name of City of Jacksonville	From:		Amount:		
Funding Source(s):	To:		Amount:		
Name of In-Kind Contribution(s):	From:		Amount:		
	То:		Amount:		
Name & Number of Bond	From:		Amount:		
Account(s):	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 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.) Participate in the State of Florida Qualified Targeted Industry (QTI) Tax Refund Program. The QTI proposed is					
\$5,000 per job. The City portion of the QTI is 20 percent of the award, or \$1,000 per new qualified job created, up to a maximum of \$198,000. The QTI award will be payable after the average wage and job created is verified by the Florida Department of Economic Opportunity over the proposed six year payout, beginning in 2020.					
The project has an ROI of 2.03, for the City of Jacksonville.					
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.					
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation remergency.	must include detailed nature of		
Federal or State Mandate?	Х	Explanation: If yes, explanation must include de including Statute or Provision.	etailed nature of mandate		
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of a language.	ll-year subfund carryover		

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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 negotiations are on-going and with whom. Has OGC reviewed / drafted?
	Office of Economic Development to provide oversight and administration.
Related RC/BT? X Waiver of Code? x	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: Pu justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching reach.
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). Explanation: List agencies (including City Council / Auditor) to receive reports
Reporting X Requirements?	and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating

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Division Chief: /s/ Ed Randolph	04/10	Date:	5/8/2019
Division Chief. 757 Ed Handolph	(signature)	Date:	5/6/2019
Prepared By: /s/ Ed Randolph	242/	Date:	5/8/2019
	(signature)		
		C.	

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ADMINISTRATIVE TRANSMITTAL

To:	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, Office of Economic Development (OED)		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 630-2455 E-mail: <u>kwendland@coj.net</u>		
Primary	Ed Randolph, Director of Business Development Operations, Office of Economic Development		
Contact:	(Name, Job Title, Department)		
	Phone: 630-1185 E-mail: edr@coj.net		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	E-mail: jelsbury@coj.net		
COU	INCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of General Counsel, E-mail: psidman@coj.net St. James Suite 480		
	Phone: 904-630-4647		
From:			
	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: E-mail:		
Primary			
Contact:	(Name, Job Title, Department) E-mail: Phone:		
CC:	Jordan Elsbury, Director jelsbury@coj.net		
	904-630-1825 E-mail:		
	on from Independent Agencies requires a resolution from the Independent Agency oproving the Resolution. Yes No Attach		
Independ	dent Agency Action Item:		
Boards A	Action / Resolution? If yes, attach appropriate documentation		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED