

# LEGISLATIVE FACT SHEET

DATE: 04/12/21

BT or RC No: \_\_\_\_\_

SPONSOR: Public Works/Real Estate  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Renee Hunter

Provide Name: Renee Hunter, Chief, Real Estate Division

Contact Number: 904-255-8234

Email Address: [ReneeH@coj.net](mailto:ReneeH@coj.net)

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.)

Please provide authorization for the Real Estate Division to request legislation necessary for City Council to authorize the Mayor to execute the attached lease agreement in substantially the same form as attached. The District IV Medical Examiner's Office ("MEO") seeks to lease the second floor of its office building to the tenant National Medical Services, Inc., ("NMS Labs"). See RE# 054774-0150 (2100 Jefferson Street) and maps attached.

NMS Labs currently provides toxicology services to the MEO in order to meet accreditation requirements. The value of these services will be used to offset the cost of rent owed to the MEO in accordance with a Service Agreement between the MEO and NMS Labs effective October 1, 2020. See Exhibit C of the attached agreement. This is also consistent with a prior arrangement between the MEO and NMS Labs.

The space is approximately 4,309 square feet with a rental rate of \$22.95 per square foot or \$98,880.00 annually. The new rate is consistent with a 3% increase from the last rental rate charged to the tenant. The new rate will continue to increase at 3% annually. The lease term is for five (5) years and includes five (5) additional one (1) year renewals. If additional information is requested, please contact Renee Hunter at 255-8234 or [ReneeH@coj.net](mailto:ReneeH@coj.net).

Thank you.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ as follows:  
 List the source name and provide Object and Subobject 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 Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond 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 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.)

No financial impact.
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**ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.**

**ACTION ITEMS:**

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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?

OGC has reviewed and approved the agreement. The Real Estate Division of the Department of Public Works will provide oversight thru the legislative process and execution of the agreement, and the District IV Medical Examiner's Office will provide oversight thereafter.

Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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 ITEMS:


	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

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

Division Chief:   
(signature)

Date: 4/14/21

Prepared By:   
(signature)

Date: 4/12/21

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: John P. Pappas, Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8748

E-mail: [pappas@coj.net](mailto:pappas@coj.net)

From: Renee Hunter, Chief, Real Estate Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8234

E-mail: [ReneeH@coj.net](mailto:ReneeH@coj.net)

Primary Contact: Wade McArthur, Real Estate and Leasing Manager, Real Estate Division

(Name, Job Title, Department)

Phone: 255-8737

E-mail: [WMcArthur@coj.net](mailto:WMcArthur@coj.net)

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

904-255-5015 E-mail: [LeeannK@coj.net](mailto:LeeannK@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-255-5055

E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From:

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary

Contact: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

904-255-5015 E-mail: [LeeannK@coj.net](mailto:LeeannK@coj.net)

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:    **Yes**    **No**

Boards Action / Resolution?

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

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

(24) 5-10-2021

# City of Jacksonville, Florida

Lenny Curry, Mayor

Department of Public Works  
Real Estate Division  
214 N. Hogan Street, 10<sup>th</sup> Floor  
Jacksonville, FL 32202  
(904) 255-8700  
www.coj.net



ONE CITY. ONE JACKSONVILLE.

May 5, 2021

TO: Brian Hughes, Chairman  
Mayor's Budget Review Committee

THRU: John P. Pappas, P.E., Director  
Public Works Department

FROM: Renee Hunter, Chief  
Real Estate Division

SUBJECT: Medical Examiner's Office / NMS Labs Lease  
2100 Jefferson Street | RE# 054774-0150

**APPROVED BY:**  
**MAYOR'S BUDGET**  
**REVIEW COMMITTEE**

**DATE** MAY 10 2021

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Thank you.

RH:wm

Attachments

cc: The Honorable Reggie Gaffney, Council District #7  
Tim Crutchfield, Medical Examiner's Office

Satellite Aerial



Street Map

