LEGISLATIVE FACT SHEET

DATE: 07/14/21		BT or RC N	o: BT21-095				
*		(Administration & City	Council Bills)				
SPONSOR:	Tax Collect	or					
111		(Department/Division/Agency/Council M	ember)				
Contact for all i	nquiries and p	resentation: Sherry Hall, Chief Dep	outy Tax Collector				
Provide Name: Sherry Hall							
Conta	ct Number: 90)4-255-5794					
Email Address: sherryh@coj.net							
	te this form for Cou	his legislation is necessary? Provide; Who, What, When, Wh Incil introduced legislation and the Administration is responsi num of 1 page.)					
Please provide the Tax Collector's Office with authorization to request legislation for City Council to authorize the Mayor to execute a lease, in substantially the form attached and subject to Risk Management's approval, to replace the Duval County Tax Collector's Gateway Branch, located at 910 West 44th St, which expires in March 2022. The landlord will not renew the lease at this location, as they stated they plan to demolish the building and sell the property. Our office reviewed available locations and identified suitable space for the relocation of this branch to 4750 Soutel Drive. Our office worked with the Public Works Real Estate Division to order an appraisal and determined that we are being offered a fair market rental rate. This legislation will approve 6,656 square feet of leased space with an initial term ending on September 30, 2027 and including three (3) options to extend the lease for five (5) year periods each. This legislation will also approve the funding necessary for the buildout of the new location. The landlord is contributing \$25 PSF to the buildout; the remainder will come from the Tax Collector's interest earnings account, which is the same funding source used for our previous branch relocations.							
APPROPRIATION: Total Amount Appropriated \$1,162,600.00 as follows:							
List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:							
(Name of Fund as it will appear in ti Name of Federal Funding Source(s)		From:	Amount:				
		То:	Amount:				
Name of State Funding Source(s):		From:	Amount:				
		То:	Amount:				
Name of City of Ja	cksonville Fundir	From: DUVAL COUNTY TAX COLLECTOR	Amount: \$1,162,600.00				
		To: DUVAL COUNTY TAX COLLECTOR	Amount: \$1,162,600.00				
Name of In-Kind Contribution(s):		From:	Amount:				
		То:	- Amount:				

	<u> </u>		
Name & Number of Bond Account(s):	From:		Amount:
<i>i</i>	То:		Amount:
	ing from, e? Will tl icipated p	going to, how will the funds be nere be an ongoing maintenan	used? Does the funding require a match? Is ce? and staffing obligation? Per Chapters
	he remai	nder of the build out, the FFE,	ouild out, and the Tax Collector's office is IT and other operating expenses for the branch dget submission for FY 2022.
ACTION ITEMS: Purpose / code provisions for each.	Check I	ist. If "Yes" please provi	de detail by attaching justification, and
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If	yes, explanation must include detailed nature of
Federal or State Mandate?	х	Explanation: If yes, explanati including Statute or Provision	on must include detailed nature of mandate
Fiscal Year Carryover?	<i>y</i>	language.	le explanation of all-year subfund carryover nterest earnings duing FY 21 which will need to priated lines)
CIP Amendment? Contract / Agreement Approval?	X	Attachment: If yes, attach ap mid-year amendment. Attachment & Explanation: If of Department (and contact in negotiations are on-going and Lease Agreement between Ja	propriate CIP form(s). Include justification for yes, attach the Contract / Agreement and name ame) that will provide oversight. Indicate if d with whom. Has OGC reviewed / drafted? acksonville Plaza 1 LLC and the City of wed and approved of the lease.
Related RC/BT? X Waiver of Code?	X		propriate RC/BT form(s). tify code section(s) in box below and provide g impacts) within white paper.
Code Exception?	x	Code Reference: If yes, iden explanation (including impact	tify code in box below and provide detailed s) within white paper.
Related Enacted Ordinances?	x a		tify related code section(s) and ordinance below and provide detailed explanation and any ite paper.

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

ACTION	I ITEMS:	Yes	No						
Co	ontinuation of Grant?		х	Is the funding	ng for a s	pecific time	frame and/or r	multi-y	funding require a match? ear? If multi-year, note te General Fund?
									S
•	plus Property Certification?		Х	Attachment:	If yes, a	attach appro	priate form(s).		
	Reporting equirements?		x	and frequen	cy of rep	orts, includi	ng when repor	ts are	Auditor) to receive reports due. Provide Department nsible for generating
							<u></u>		
Divis	ion Chief:	Sh	en	o th	Coll) —	<u>.</u>		Date: 7 - 14 - 202
				(signature)			-		η
Pre	pared By: 🔼	ehr	2 D	0100			_		Date: 7 14 202
				(signature)					
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			AD	MINISTRA	AIIVE	HANSMI	IIAL		
То:	MBRC, c/o J	asmin	e Jordai	n, Budget (Office,	St. James	Suite 325		
Thru:	Leeann Krieg,	Direct	or of Inte	rgovernmer	ntal Affa	irs, Office o	of the Mayor		
	(Name, Job Titl	e, Depa	rtment)						
	Phone:	255-5	015	_ E-m	nail: <u>Le</u>	eannK@c	oj.net		
From:	Leeann Krieg,	Direct	or of Inte	rgovernmer	ntal Affa	irs, Office o	of the Mayor		+)
	Initiating Depar	tment R	epresenta	ative (Name,	Job Title	, Departmei	nt)		
	Phone:	255-5	015	_ E-m	nail: <u>Le</u>	eannK@c	oj.net		
Primary Contact:	Leeann Krieg,			rgovernmer	ntal Affa	irs, Office o	of the Mayor	8	
	Phone:	255-5	015	E-m	nail: <u>Le</u>	eannK@c	oj.net		
CC:	Leeann Krie	g, Inte	rgoverni	- mental Affa	airs Lia	ison, Offic	e of the Ma	yor	
	Phone:	255-5	015	E-m	nail:	LeeannK	@coj.net		

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:	Jim Overton, Duval County Tax Collector					
	Initiating Co	ouncil Member / Indeper	ndent Agency / Constitutional Officer			
	Phone:	255-5814	E-mail: <u>jnoverton@coj.net</u>			
Primary			etor, Duval County Tax Collector			
Contact:	(Name, Job	Title, Department)				
	Phone: _	255-5794	E-mail: sherryh@coj.net			
CC:	Leeann K	Krieg, Intergovernm	ental Affairs Liaison, Office of the Mayor			
	Phone: _	904-255-5015	E-mail: <u>LeeannK@coj.net</u>			
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approvin	ng the legis	slation.	es requires a resolution from the Independent Agency Board			
•	•	cy Action Item: Yetion / Resolution?	Yes No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED