

LEGISLATIVE FACT SHEET

DATE: 1/31/2012

BT OR RC NUMBER: _____
(Administration Bills)

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

PURPOSE/SUMMARY:

The Real Estate Division requests legislation be brought before City Council seeking authorization for the Mayor to execute the attached lease agreement between the City of Jacksonville and Atlantic Land Trust. Said lease agreement is for the Tax Collector's existing Kernan Branch Office location and for a 5-year term at the following rental rates.

Term	Base	CAM	RE Taxes	Insurance	Total Rate	Monthly Amount	Annual Amount
10/1/12 - 9/30/13	\$12.00 / SF	\$1.68 / SF	\$2.70 / SF	\$0.40 / SF	\$16.78 / SF	\$9,254.17	\$111,050.04
10/1/13 - 9/30/14	\$12.25 / SF	\$1.68 / SF	\$2.70 / SF	\$0.40 / SF	\$17.03 / SF	\$9,392.05	\$112,704.54
10/1/14 - 9/30/15	\$12.50 / SF	\$1.68 / SF	\$2.70 / SF	\$0.40 / SF	\$17.28 / SF	\$9,529.92	\$114,359.04
10/1/16 - 9/30/17	\$12.75 / SF	\$1.68 / SF	\$2.70 / SF	\$0.40 / SF	\$17.53 / SF	\$9,667.80	\$116,013.54
10/1/17 - 9/30/18	\$13.00 / SF	\$1.68 / SF	\$2.70 / SF	\$0.40 / SF	\$17.78 / SF	\$9,805.67	\$117,668.04

APPROPRIATION : Total Amount Appropriated: \$ N/A as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: \$ _____
 Name of State Funding Source: _____ Amount: \$ _____
 Name of City of Jax Funding Source: _____ Amount: \$ _____
 Name of In-Kind Contribution Source: _____ Amount: \$ _____
 Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

Emergency? Yes ___ No X Justification: _____
 Federal or State Mandates Yes ___ No X
 Fiscal Year Carryover? Yes ___ No X _____
 CIP Amendment? Yes ___ No X (Attach CIP form)
 Contract/Agreement (C/A) Approval Yes X No ___ (Attach a copy only)
 C/A negotiations on-going? Yes ___ No X
 Oversight Department Required? Yes ___ No X Name of Dept. _____
 Related RC?/BT? Yes ___ No X (Attach a copy)
 Waiver of Code? Yes ___ No X (Identify Code Provision _____)
 Code Exception? Yes ___ No X (Identify Code Provision _____)

Continuation Grant? Yes ___ No X
Surplus Property Certification? Yes ___ No X (Attach a copy)
Related Enacted Ordinances? Yes ___ No X Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors
Yes ___ No X Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff
Mayor's Office, 4th Floor, City Hall at St. James

From: Bob Williams, Real Estate Officer, Public Works, Real Estate
(Name, Job Title, Department)

Phone: 255-8700 Fax: 255-8948 E-mail: _____

Contact person: RJ Morris, AMIO, Real Estate, Public Works
(Name, Job Title, Department)

Phone: 255-8705 Fax: 255-8948 E-mail: rmorris@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED