2013-38

## **LEGISLATIVE FACT SHEET**

DATE	E: <u>01/07/13</u>		RC NUMBI tration Bills	ER:
	SOR (Department/Division/Agency OSE/SUMMARY:	y/Council 1	Member): <u>Ja</u>	acksonville Public Library
approxi	islation authorizes a license agreement between mately 2, 489 square feet of space at the Jack for and administer One Spark 2013. The lice	sonville Mai	n Library loca	Inc. to allow One Spark, Inc. to lease ated at 303 N. Laura Street, for office space to til May 31, 2013. The license fee is one dollar.
				as follows:
(Name	e of Fund as it will appear in title of	legislatio	n)	
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 Acet				Amount: \$
	Number			
				_
IMPA	CT - FINANCIAL/OTHER:			
None.				
ACTI	ON ITEMS:			
	Emergency?	Yes	No _X	Justification:
	Federal or State Mandates	Yes	No	
	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		Ord. # of Previous Ord
	Report Required to City Council/Cou			m. um
		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, Fourth Floor, City Hall at St. James				
From:	: John Sawyer, Assistant General Counsel (Name, Job Title, Department)				
	Phone: <u>630-1723</u>	Fax:E-mail: jsawyer@c	<u>coj.net</u>		
Contac	(Name	yer, Assistant General Counsel, Offi , Job Title, Department) Fax: 630-2388 E-mail: jsa			
To:		BER / INDEPENDENT AGE OFFICER TRANSMIT  4647), Office of General Counsel at St. James			
From:	(Name, Job Title, Departme	ent)			
	Phone:		E-mail:		
Contac	et person:				
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	(Name,	, Job Title, Department) Fax:	E-mail:		

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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