## LEGISLATIVE FACT SHEET 2014-0355

DATE:	4/29/2014	(Admini	BT O stration Bills	R RC NUMBER:	
SPONSOR	(Department/Division/Agend	•		•	tate
		- 5			
PURPOSE	/SUMMARY:			,	
requests   Mayor to the State located a	state Division, on behalf of permission to submit legis execute the attached Lea of Florida. Said Agreeme t 7439 Wilson Boulevard fo une 15, 2018.	slation to se Agree nt allows	City Cour ment betw the State t	ncil seeking authoriz veen the City of Jac o continue to utilize	zation for the ksonville and the property
that it wo premises. Bureau of informatic agreeme	constructed the building of uld maintain the property. The building currently hou Administrative Review. The Division, once this lent, the City of Jacksonville perty and its improvemen	/ and its uses staff f The State ease term will assun	improvem rom the Di intends to is extende	ents as long as it on vision of Motorist Ser add staff from thei ed. Upon expiration	occupied the vices and the r technology n of the lease
The Hono	able Reginald L. Brown, C	ouncil Dis	strict #10		
APPROPR	IATION: Total Amou	ant Approp	riated: \$	N/A	_ as follows:
(Name of F	und as it will appear in title o	of legislatio	n)		·
Name of Fe Name of St Name of In-	deral Funding Source: ate Funding Source: ty of Jax Funding Source: Kind Contribution Source: ond Acct			Amount: \$ Amount: \$ Amount: \$ Amount: \$	
	Number				
	FINANCIAL/OTHER:			_	
ACTION I	TEMS:				
Fede	ergency? eral or State Mandates al Year Carryover?	Yes	No <u>X</u>	Justification:	
CIP Con	Amendment? tract/Agreement (C/A) Approv negotiations on-going?	Yes al Yes _X_	No <u>X</u>	(Attach CIP fo (Attach a copy only)	orm)
Ove Rela	rsight Department Required? ated RC?/BT?	Yes Yes	No <u>X</u> No <u>X</u>	Name of Dept(Attach a copy)	
	ver of Code? e Exception?			(Identify Code Provision (Identify Code Provision)	

	Continuation Grant?	Yes	_ No <u>X</u>			
	Surplus Property Certification?			_ (Attach a	a copy)	
				Ord. # of Previous Ord.		
	Report Required to City Council/				·	
		Yes	_ No_ <u>X</u>	Date	Frequency	
	<b>ADMINIS</b>	TRATIO	N TRANS	SMITTAI		
To:	MBRC, c/o Roselyn Chall, Budge	et Division,	Suite 325			
CC:	Chris Hand, Chief of Staff					
<u> </u>	Mayor's Office, Fourth Floor, City	y Hall at St.	James			
Г	·				C.D., L.D., W., J.	
rrom:	John Jones, Esq., Acting Chief, (Name, Job Title, Department)	Keai Estate	Division, D	epartment c	I PUDIIC WORKS	
	•	255 (	0040			
	Phone: <u>255-8700</u> Fax	:255-1	8948	I	E-mail: johnj@coj.net	
Contac	t person: <u>RJ Morris, AMIO, Re</u>	al Estate Di	vision. Den	artment of F	Public Works	
		ul Doint Di		ui tiliolit ot i		
	(Name, Job Title, Depar	tment)	_			
		tment)	_			
	(Name, Job Title, Depar	tment)	_			
	(Name, Job Title, Depar Phone: 255-8705 Fax	tment) :: <u>255-89</u>	948	E-mail:	rmorris@coj.net	
	(Name, Job Title, Depar Phone: 255-8705 Fax	tment) :: 255-89	948 ENT AGE	E-mail: p	rmorris@coj.net	
	(Name, Job Title, Depar Phone: 255-8705 Fax	tment) :: 255-89	948	E-mail: p	rmorris@coj.net	
(	(Name, Job Title, Depar Phone: 255-8705 Fax COUNCIL MEMBER / IND OFFI	EPENDE	948 ENT AGE RANSMIT	E-mail: p	rmorris@coj.net	
(	(Name, Job Title, Depar Phone: 255-8705 Fax	EPENDE	948 ENT AGE RANSMIT	E-mail: p	rmorris@coj.net	
<b>T</b> o:	(Name, Job Title, Depar Phone: 255-8705 Fax COUNCIL MEMBER / IND OFFI Peggy Sidman (630-4647), Office Suite 480, City Hall at St. James	EPENDE CER TR	948 ENT AGE RANSMIT	E-mail: p	rmorris@coj.net	
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	(Name, Job Title, Department)  (Name, Job Title, Department)  (Name, Job Title, Department)  (Name, Job Title, Department)	EPENDE CER TR	2NT AGE RANSMIT Counsel	E-mail: p	rmorris@coj.net  ONSTITUTIONAL	
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## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED