## LEGISLATIVE FACT SHEET 2015-0655

| DATE: August 25, 2015   | BT OR RC NUMBER:(Administration Bills) |  |  |   |  |
|---|--|--|--|---|--|
| SPONSOR (Department/Division/Agency PURPOSE/SUMMARY:  | /Council                               | Member): _                                 | OED  |   |  |
| Each year amounts are budgeted to fund Pro<br>Economic Development Agreements (EDA'<br>budget FY' 14-15, there is a deficit of fundin<br>Recapture Enhanced Value (REV) grant bus<br>to the success of River City Market Place wh | s) which a<br>ng within<br>iness obli  | are approved<br>the JIA-TID<br>gations. Th | d by Council. In the account that was list deficiency is spe | e current years'<br>budgeted to pay<br>cifically attributable |  |
| This request is to transfer cash carryover fun REV Grant project payment budget shortfall Investments made by the Company over FY   | resulting                              | in part from                               |  |   |  |
| APPROPRIATION: Total Amoun  | ıt Appropi                             | riated: \$                                 | 0  | as follows:   |  |
| (Name of Fund as it will appear in title of   | legislatio                             | n)   |  |   |  |
| Name of Federal Funding Source:   | _                                      |  |  |   |  |
| Name of State Funding Source:   |  |  |  |   |  |
| •   |  |  |  |   |  |
| Name of City of Jax Funding Source:   |  |  |  |   |  |
| Name of In-Kind Contribution Source:  |  |  | _ Amount: \$   |   |  |
| Name of Bond Acct   |  | ***************************************    | _ Amount: \$   |   |  |
| Number  |  |  |  |   |  |
| IMPACT - FINANCIAL/OTHER: ACTION ITEMS:   |  |  |  |   |  |
| Emergency?  | Yes_X_                                 | No   | Justification:_  |   |  |
| This is related to a financial obliga   | tion of th                             | e City as a                                | result of a previous   | us ordinance (2004-   |  |
| 274 – E) to a company that must be  |  | in FY'14 -                                 | - '15 in order to u  | tilize residual funds   |  |
| in the CRA Tax Increment District   | _                                      |  |  |   |  |
| Federal or State Mandates   |  | No X                                       |  |   |  |
| Fiscal Year Carryover?  |  | No X                                       |  |   |  |
| CIP Amendment?  |  |  | (Attach CIP form   |   |  |
| Contract/Agreement (C/A) Approval   |  |  | (Attach a copy of  | niy)  |  |
| C/A negotiations on-going?  |  | No X                                       | Nama of Dant   | OED   |  |
| Oversight Department Required? Related RC?/BT?  | Yes X                                  |  | Name of Dept   | UED   |  |
| Waiver of Code?   |  | No_X<br>No_X                               | (Attach a copy) (Identify Code P.                            | rovision  |  |
| waiver or code;   | 1 ()                                   | $\Lambda \cup \Lambda$                     | Tuchiny Code F.  | (O V 151011)  |  |

|          | Code Exception? Continuation Grant?   |              |   | (Identity Code Provision)          |  |  |  |
|----------|---|--------------|---|------------------------------------|--|--|--|
|          | Surplus Property Certification?   |              | No X  |                                    |  |  |  |
|          | • •   |              |   | No. of Previous Ord. 2004-274-E    |  |  |  |
|          | Report Required to City Council/C   |              |   | 110. 01 1 10 10 ds Old. 2004 274-L |  |  |  |
|          | Report Required to only councille   |              |   | Date Frequency                     |  |  |  |
|          |   |              |   | , ,                                |  |  |  |
|          | ADMINIST  | <u> </u>     | N TRANS   | <u>SMITTAL</u>                     |  |  |  |
|          |   |              | ~ . ~~  |                                    |  |  |  |
| To:      | MBRC, c/o Roselyn Chall, Budget Division, Suite 325   |              |   |                                    |  |  |  |
| CC:      | Sam Mousa, Chief Administrative Officer<br>Mayor's Office, Fourth Floor, City Hall at St. James |              |   |                                    |  |  |  |
| From:    | Kirk Wendland, Executive Direction (Name, Job Title, Department)                                | ector, OED   |   |                                    |  |  |  |
|          | Phone: <u>630-1979</u> Fax:   | 630-101      | 9   | E-mail: <u>kwendland@coj.net</u>   |  |  |  |
| Contac   | ct person: Paul Crawford, Deput   | v Director.  | OED   |                                    |  |  |  |
|          | (Name, Job Title, Departn   | nent)        |   |                                    |  |  |  |
|          | Phone: <u>630-7063</u>  | Fax:         | <u>630-1019                                  </u> | E-mail:                            |  |  |  |
| pau      | lc@coj.net  |              | ······································            |                                    |  |  |  |
| (        | COUNCIL MEMBER / INDI<br>OFFIC  |              | NT AGE<br>ANSMIT                                  |                                    |  |  |  |
| Го:      | Peggy Sidman (630-4647)m Office<br>Suite 480, City Hall at St. James                            | e of Genera  | l Counsel   |                                    |  |  |  |
| From:    |   |              |   |                                    |  |  |  |
|          | (Name, Job Title, Department)   |              |   |                                    |  |  |  |
|          | Phone:  | Fax:         |   | E-mail:                            |  |  |  |
|          |   |              |   |                                    |  |  |  |
| Contac   | ct person:  |              |   |                                    |  |  |  |
|          | (Name, Job Title, Departn   | nent)        |   | F                                  |  |  |  |
|          | Phone:  | Fax:         |   | E-mail:                            |  |  |  |
|          | ation from Independent Agencies reving the legislation.   | quires a res | solution fro                                      | m the Independent Agency Board     |  |  |  |
|          |   |              |   |                                    |  |  |  |
| <u>F</u> | ACT SHEET IS REQUIRED   | BEFOR        | E LEGIS   | SLATION IS INTRODUCED              |  |  |  |

G:\SHARED\LEGIS.CC\Sidman\Miscellaneous\Fact Sheet form 10 23 06.doc