BT OR RC NUMBER:

2015-0775 LEGISLATIVE FACT SHEET

DATE: October 19, 2015

(Administ	tration Bills)
SPONSOR (Department/Division/Agency/Council M	Member): Office of Economic Development
PURPOSE/SUMMARY: The Economic Development Agreement (EDA) by and Jacksonville was approved by Ordinance 2011-485-E. of Medtronic, Inc. is a manufacturer of surgical instrum contemplated the construction of a 75,000 square foot e incorporating additional office space, laboratory space a creating up to 175 new high wage jobs and a private cap EDA was drafted the project parcel only incorporated o Xomed. The purpose of the proposed amendment to the additional parcel owned by Medtronic comprising the p the base value of those properties for REV Grant purpor property numbers for the two parcels that comprise the include 6743 N. Southpoint Drive (152854-0700), TPP Southpoint Drive (152850-0150). The base value in Section 15,207,796 to \$15,930,972.	I between Medtronic Xomed, Inc. and the City of Medtronic Xomed, Inc. (Medtronic), a division nents, diagnostic and imaging devices. The EDA expansion to their Southpoint campus and customer training labs. The project is apital investment totaling \$14.1 million. When the one of the three land parcels owned by Medtronic ne EDA is amend Section 1.1 to include one project parcel and amend Section 5.3 increasing oses. The addresses and real property and tangible amended project parcel for purposes of the EDA of tax ID number 819701-0000, and 6703 N.
The 50 % REV Grant approved totaled up to \$415,000 match of up to \$245,000 for the creation of 175 new hig financial incentives approved were a critical component similar facility they owned in Fort Worth, Texas. Prese corporate headquarters for the Surgical Technologies D APPROPRIATION: Total Amount Appropria	gh wage jobs to support the expansion. The at of Medtronic expanding in Jacksonville versus a sently Jacksonville serves as the worldwide
(Name of Fund as it will appear in title of legislation	
Name of Federal Funding Source:	
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 Number	Amount: \$
IMPACT - FINANCIAL/OTHER:	
ACTION ITEMS:	
Emergency? Yes	No X Justification:
Federal or State Mandates Yes	No <u>X</u>
Fiscal Year Carryover? Yes	——————————————————————————————————————
CIP Amendment? Yes	No X (Attach CIP form)

	Contract/Agreement (C/A) Approva	al Yes X	No	(Attach a copy only)		
	C/A negotiations on-going?		No X			
	Oversight Department Required?	Yes	No X	Name of Dept		
	Related RC?/BT?			(Attach a copy)		
	Waiver of Code?			(Identify Code Provision)	
	Code Exception?			(Identify Code Provision		
	Continuation Grant?	Yes	No_X			
	Surplus Property Certification?	Yes	No_X	(Attach a copy)		
	Related Enacted Ordinances?		No_X			
	Report Required to City Council/Co	ouncil Audi	tors			
		Yes	No_X_	Date Frequency		
	<u>ADMINIST</u>	RATION	TRANS	MITTAL		
To:	MBRC, c/o Roselyn Chall, Budget	Division, S	uite 325			
CC:	Sam Mousa, MBRC Chairman Mayor's Office, Fourth Floor, City Hall at St. James					
From:	Kirk Wendland, Executive Director (Name, Job Title, Department)	OED				
	Phone: <u>630-2455</u> Fax:	630-1019		E-mail: kwendland@coj.net		
Contac	et person: Joe Whitaker, Project Ma	ınager, OEI)			
	(Name, Job Title, Departm		-			
	Phone: <u>630-1624</u> Fax:	<u>630-1019 </u>		E-mail: josephw@coj.net		
(COUNCIL MEMBER / INDE OFFIC	PENDEN CER TRA				
То:	Peggy Sidman (630-4647), Office of Suite 480, City Hall at St. James	of General C	Counsel			
From:						
	(Name, Job Title, Department)					
	Phone:	Fax:		E-mail:		
Contac	at nomen					
Comac	ct person:(Name, Job Title, Departm	ent)		-		
	Phone:			E-mail:		
Legisla approv	ation from Independent Agencies receiving the legislation.	juires a reso	olution fron	n the Independent Agency Board		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED