

LEGISLATIVE FACT SHEET

DATE: 02/29/16

BT or RC No: _____
(Administration Bills)

SPONSOR: Downtown Investment Authority
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Approve amendments to the Redevelopment Agreement, approved in 2014-745-E, changing the approximate number of units from 223 to a minimum of 190; and the retail space from approximately 18,000 sq. ft. to a minimum of 16,000 sq. ft.. With no effect on the maximum City indebtedness.

APPROPRIATION: Total Amount Appropriated: \$0.00 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: <u>0</u>	Amount: _____	<u>\$0.00</u>
Name of In-Kind Contribution: _____	Amount: _____	
Name of Bond Acct: _____	Amount: _____	
Bond Account Number: _____		

IMPACT - FINANCIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
C/A Negotiations On-going?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>DIA</u>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy) _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Aundra Wallace, CEO - Downtown Investment Authority

(Name, Job Title, Department)

Phone: 630-3487

E-mail: awallace@coj.net

Contact Tom Daly, Real Estate Analyst, Downtown Investment Authority

Person: (Name, Job Title, Department)

Phone: 630-3572

E-mail: tdaly@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From:

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

Legislation from Independent Agencies require a resolution from the Independent Agency Board

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED