LEGISLATIVE FACT SHEET

| DATE: | 04/06/16 | | | E | T or RC No: | BT | 6-063 | |
|--|---|---------------------------------|------------------------------------|---|--|---|---|--|
| | | | | (A | dministration Bill | s) | | |
| | | | | | | | | |
| SPONSOR: | OED | | | | | | | |
| | | (De | epartme | nt/Division/Agency | Council Member | r) | | |
| | | | | | | | | |
| PURPOSE/SUM | IMARY: | | | | | | | |
| Risk in accordance approved establishin properly set this fun | 4 established a County-wid with an Economic Develop ng funding for the project; ding source up, funding fro trment of Economic Develo | ment Ag however, om anoth | preemen , adminis ner projec | t (EDA) between the stratively the funds ct (Pinnacle-Fidelit | were never prop y Global 2006-70 | the City. The erly appropriate (6) which ha | nis legislation was riated. In order to | |
| APPROPRIATIO | DN: Total Amount Ap | propria | ated: | | \$300,000.00 | as follow | s: | |
| | | | | Risk County-wide | Economic Devel | opment Fun | d (CEDE) Grant | |
| (Name of Fund as it will appear in title of legislation) Digital Risk County-wide Economic Development Fund (CEDF) Grant | | | | | | | | |
| Name of Federal Funding Source: | | | | | | Amount: | | |
| Name of State Funding Source: | | | | | | Amount: | | |
| Name of City of Jax Funding Source: General Capital Projects-Project Pinnacle | | | | | | Amount: | \$300,000.00 | |
| Name of In-Kind Contribution: | | | | | | Amount: | | |
| Name of Bond Acct: | | | | | | Amount: | | |
| Bond Account Num | Bond Account Number: | | | | | | | |
| IMPACT - FINAI | NICIAL / OTHER: | | | | | | | |
| The deappropriation of funds relating to the terminated Pinnacle Project will provide a funding source for the Digital Risk CEDF Grant totalling \$300,000. The Pinnacle Project was approved in Ordinance 2006-706 and the Digital Risk Deal was approved in Ordinance 2013-184. The Pinnacle Project was terminated by the State for QTI and therefore the City is not obligated to payout on the CEDF as detailed in the Economic Development Agreement between the Company and the City. | | | | | | | | |
| ACTION ITEMS | • | Yes | No | | | | | |
| Emergency? | • : | | X | Justification of E | Emergency: | | | |
| Federal or State Mandates? | | | x | | | | | |
| Fiscal Year Ca | rryover? | | X | | | | | |
| CIP Amendmer | nt? | | x | (Attach CIP For | m(s)) | | ************************************** | |
| Contract / Agre | ement (C/A) Approval? | | x | (Attach a copy) | | | | |
| C/A Negotiation | | | x | | | | | |
| | artment Required? | × | | Name of Dept.: | Change of the second se | | | |
| Related RC/BT | 2. | × | | (Attach a copy) | BT06-246 | | | |
| Waiver of Code | | | x | Identify Code: | | | | |
| Code Exception | | | x | Identify Code: | | | | |
| Continuation of | | | x | | | | | |
| Surplus Proper | ty Certification? | | X | (Attach a copy) | | | | |
| Related Enacted Ordinances? x | | | | Ordinance #: | 2013-184 and 2 | 006-706 | | |
| · · · · · · · · · · · · · · · · · · · | d to City Council or | | х | | | | | |
| Council Audito | ors? | | | Date: | F | 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: | Kirk Wendla | nd, Director of OED, O | ED | | | | |
| | (Name, Job Ti | itle, Department) | | | | | |
| | Phone: | -2455 | E-mail: <u>kwendland@coj.net</u> | | | | |
| Contact | t Sonia Carroll, I | Finance and Compliance M | anager, OED | | | | |
| Person | : (Name, Job Ti | itle, Department) | | | | | |
| | Phone: | -2197 | E-mail: <u>soniac@coj.net</u> | | | | |
| | | | | | | | |
| | | | | | | | |
| COL | UNCIL MEM | BER / INDEPENDEN | IT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL | | | | |
| To: | Peggy Sidm | nan, Office of Genera | I Counsel, St. James Suite 480 | | | | |
| | Phone: | 630-4647 | E-mail: psidman@coj.net | | | | |
| From: | | | | | | | |
| | (Name, Job Ti | tle, Department) | | | | | |
| | Phone: | | E-mail: | | | | |
| Contact | t | | | | | | |
| | | tle, Department) | - | | | | |
| | | | E-mail: | | | | |
| | tion from Inde | . – | equire a resolution from the Independent Agency Board | | | | |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED