LEGISLATIVE FACT SHEET

| DATE: | 08/15/16 | | | BT or RC No: | |
|--|--|--|--|--|--|
| | | | | (Administration B | ills) |
| SPONSOR: | Public Works / Rea | ıl Estate | 9 | | |
| | | (Dep | oartme | nt/Division/Agency/Council Memb | per) |
| DI '.I | | | | | |
| the City Counce The Lease is for on the ground term with two a escalation ever escalation ever The Tenant pur ("Sagar Corp." Assignment of for an emergen can complete that was assign executed with | cil to approve the a r the Quizno's resta floor corner of Hog additional 5 year o ery year. Additional ery year, as shown chased the busine of the busine on August 15, 20 Lease executed by ncy approval of thi the lease execution and is month to mo I Sagar Corp's sale the Tenant. I very | attache nurant i gan and ptions illy, Op in the F ss from 16 and y Saga is legisl on proce onth. The proce much | ed Lean the dimension to reresting the formal that is a contension to the following th | authority to request the lease Agreement to Om Sa Ed Ball Building, consistir nroe Streets. The Lease is new. The initial Base Rent ng Costs will be due at \$2 Schedule attached to this former tenant, Sagar Corp peen occupying the space p. and the Tenant since to with one committee cy with the Tenant as soon as ase negotiations have tall are being held in escrow eciate your consideration ontact me at 255-8902 o | ni 9, LLC (the "Tenant"). ng of 1,654 square feet is proposed for a 5 year it is \$16.50/sf, with a 3% 2.00/sf with a 3% is Memorandum. p. of Jacksonville, Inc. ce under an hat time. I am asking cle, so that the City is possible, as the lease ken several months to until the new lease is in in this matter. |
| | e Reggie Gaffney DN: Total Amount A | | | | as follows: |
| | t will appear in title of leg | | iatoa. | _ | do followo. |
| Name of Federal Fι | | , | | | Amount: |
| Name of State Fund | ding Source: | | | | Amount: |
| Name of City of Jax | Funding Source: | | | | Amount: |
| Name of In-Kind Co | ontribution: | | | | Amount: |
| Name of Bond Acct | : | | | | Amount: |
| Bond Account Num | ber: | | | | |
| | NICIAL / OTHER: | | | | |
| IIVIPACT - FINA | NICIAL / OTHER: | | | | |
| 4 OTION ITEM | | | | | |
| ACTION ITEMS | : | Yes | No | | |
| Emergency? | | X | | Justification of Emergency: | |
| Federal or Stat | e Mandates? | | Х | Delays in lease negotiation, te a month to month basis and th | nant is occupying the space on |
| Fiscal Year Ca | | | Х | proceeds are in escrow until th | |
| CIP Amendme | | | X | (Attach CIP Form(s)) | |
| Contract / Agre | eement (C/A) Approval? | X | | (Attach a copy) | |
| C/A Negotiation | | | Х | | |
| - | artment Required? | Х | | Name of Dept.: Public Works | Real Estate Division |
| Related RC/BT | ? | | Х | (Attach a copy) | |
| Waiver of Code | e? | | Х | Identify Code: | |

| Code Exception? | | Х | Identify Code: | |
|------------------------------------|--|---|-----------------|------------|
| Continuation of Grant? | | Х | | _ |
| Surplus Property Certification? | | Х | (Attach a copy) | |
| Related Enacted Ordinances? | | Х | Ordinance #: | |
| Report Required to City Council or | | Х | | _ |
| Council Auditors? | | | 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: | | | | | | | | | | | |
| | (Name, Job Title, Department) | | | | | | | | | | |
| | Phone: | 255-8902 | E-maii: | StephanieB@coj.net | | | | | | | |
| Contact Stephanie Burch, Esq., Chief, Real Estate Division, Department of Public Works | | | | | | | | | | | |
| | | tle, Department) | · · | | | | | | | | |
| | Phone: | 255-8902 | E-mail: | stephanieb@coj.net | | | | | | | |
| COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL | | | | | | | | | | | |
| | | | | | | | | | | | |
| To: | Peggy Sidn | nan, Office of Gene | ral Counsel, | , St. James Suite 480 | | | | | | | |
| | Phone: | 630-4647 | E-mail: | psidman@coj.net | | | | | | | |
| From: | | | | | | | | | | | |
| | (Name, Job Ti | tle, Department) | | | | | | | | | |
| | Phone: | | E-mail: | | | | | | | | |
| Contac | t | | | | | | | | | | |
| Person | Person: (Name, Job Title, Department) | | | | | | | | | | |
| | Phone: | | E-mail: | | | | | | | | |
| Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation. | | | | | | | | | | | |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED