LEGISLATIVE FACT SHEET

DATE:	09/23/16	BT or RC No:
		(Administration & City Council Bills)
SPONS	OR: Office of Economic D	evelopment
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presentation	Office of Economic Development
Provide	Name: Ed Rand	olph, Director of Business Development Operations (OED)
	Contact Number:	630-1185
	Email Address:	edr@coj.net
Research w	White Paper (Explain Why this legislation ill complete this form for Council introduced n of 350 words - Maximum of 1 pa	is necessary? Provide; Who, What, When, Where, How and the Impact.) Council if lealstation and the Administration is responsible for all other lealstation.
Project	Mountain is a global logist	ics solutions company contemplating an expansion
		ompany is evaluating investing an estimated \$196
		ir logistics center. The expansion would create up an December 31, 2020 at an average wage of
	plus benefits.	an December 01, 2020 at an average mage 01
Mounta	in is currently evaluating fo	our other cities across the U.S. for expansion.
l .		located within Northwest Jacksonville. This
expans Jackso	• •	-time job opportunities within North and Northwest
Daonso	italie.	

Page 1 of 5

APPROPRIATION: Total A		as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Num	bers for each category listed below:
(Name of Fund as it will appear in t	tle of legislation)	
	From:	Amount:
Name of Federal Funding Source(s)		
	То:	Amount:
-	From:	Amount:
Name of State Funding Source(s):	T Cart.	Amount.
	То:	Amount:
Name of City of Applications like		A
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
generated at the project :	site, for 5 years up to a maxi	eal and personal property taxes mum of \$4,300,000; provided the
private capital investmen	t is not less than \$100 million	on.
ni.		

Page 2 of 5 Rev. 8/2/2016 (CLB RM)

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes Emergency?	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
iviai idate :		moraling ordinate of 1 to vision.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
		Office of Economic Development to provide oversight and administration.
Related RC/BT?	x	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	×	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	×	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Continuation of Grant?		х	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
Surplus Property Certification?		х	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?		x	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating
Division Chief:		<u>,</u>	Date: 9/23/16
Prepared By:	<u>></u> ,		(signature) Date: 9/23/16

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Sam Mousa, Chief Administrative Officer, Mayors Office, Fourth Floor, City Hall at St. James			
	(Name, Job Title, Department)			
	Phone: E-mail:			
From:	Kirk Wendland, Executive Director, Office of Economic Development (OED)			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 630-2455 E-mail: <u>kwendland@coj.net</u>			
Primary				
Contact:	(Name, Job Title, Department)			
	Phone: 630-1185 E-mail: edr@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: <u>akshelton@coj.net</u>			
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480			
10.	Phone: 904-630-4647 E-mail: psidman@coj.net			
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From:	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: E-mail:			
Primary Contact:				
Contact.	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akshelton@coj.net			
	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.			
	dent Agency Action Item: Yes No			
•	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED