LEGISLATIVE FACT SHEET

| DATE: | 10/25/16 | BT or RC No: |
|--|--|--|
| | | (Administration & City Council Bills) |
| | | |
| SPONSO | OR: Parks, Recrea | ation and Community Services Dept/Office of the Director |
| | 1.00 | (Department/Division/Agency/Council Member) |
| Contact f | or all inquiries and pres | sentation Division Chief, Natural and Marine Resources |
| Provide N | Name: | Robert Skalitzky |
| | Contact Number: | 255-7912 |
| | Email Address: | rskalitzky@coj.net |
| Research wi | White Paper (Explain Why this Il complete this form for Counci n of 350 words - Maximui | legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council I introduced legislation and the Administration is responsible for all other legislation. m of 1 page.) |
| manageme Jacksonvill (2)-year rer cannot occ agreement Community month) to a Pier.The Do Article IX-G Services. T | Int and maintenance of the ce and Dania Pier Management was option. For safety reasons and use the Pier in come. For the duration of the pier Services Department respensively prorated amount; reducing epartment recommends susteneral Indemnity, Article X- | aged during Hurricane Matthew. There is an agreement for the operation, lacksonville Beach Pier and Retail Concession in effect between the City of ent Corporation. The agreement is in effect until October 1, 2020, with one (1) two sons, the Jacksonville Beach Pier has been closed to the public. The Pier Operator pliance with the scope of services of the operation, management and maintenance r closure, suspension of services is recommended. The Parks, Recreation and scifully recommends amending the annual payment of \$60,000.00 (\$5,500.00 per the lease obligation by \$5,500 per month for the duration of the closure of the pending the contractual requirements during the closure of the Pier, to include insurance, Article XI-Bond Requirements, and services listed in Exhibit C- Scope of nends inclusion of the requirement that the Pier Operator vacate as necessary onville Beach Peir. |

Page 1 of 5

| APPROPRIATION: Total And List the source <u>name</u> and pro | mount Appropriated n/a ovide Object and Subobject Numbers for each | as follows: category listed below: |
|---|---|--|
| (Name of Fund as it will appear in t | itle of legislation) | |
| Name of Federal Funding Source(s) | From: n/a | Amount: |
| | То: | Amount: |
| Name of State Funding Source(s): | From: n/a | Amount: |
| | То: | Amount: |
| Name of City of Jacksonville | From: n/a | Amount: |
| Funding Source(s): | То: | Amount: |
| Name of In-Kind Contribution(s): | From: n/a | Amount: |
| (-) | То: | Amount: |
| Name & Number of Bond | From: n/a | Amount: |
| Account(s): | То: | Amount: |
| 122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of This is for an amendment to the ag | reement for Operation, Management and Maintenance of | the Jacksonville Beach Pier |
| and Retail Concession. The Parks, obligations, to include lease payme | Recreation and Community Services Department respectively. The annual for the duration of the closure; reducing the Pier Operators. | etfully requests all contract lease payment of \$60,000 |
| | | |
| | | |
| | | |
| | | |

Page 2 of 5

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

| ACTION ITEMS: Yes | No | |
|----------------------------------|----|---|
| Emergency? | х | Justification of Emergency: If yes, explanation must include detailed nature of emergency. |
| | | Chrongonoy. |
| | | |
| | | |
| | | |
| Federal or State | x | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. |
| Mandate? | | Tiriduing Statute of Provision. |
| | | |
| | | |
| | | |
| Fiscal Year | x | Note: If yes, note must include explanation of all-year subfund carryover |
| Carryover? | | language. |
| | | |
| | | |
| | | |
| CIP Amendment? | 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 |
| Contract / Agreement x Approval? | | of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? |
| | | Parks, Recreation and Community Services Department will provide oversight. |
| | | Contract amendment will be drafted by OGC. |
| | | |
| | | |
| | | |
| D-1-1-1 DO /DTO | | All Development of the PO/PT () |
| Related RC/BT? | X | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | х | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. |
| | | |
| | | |
| Code Exception? | x | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. |
| | | |
| | | |
| Related Enacted | x | Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any |
| Ordinances? | | 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: Ye Continuation of Grant? | s No x | 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? Reporting Requirements? | x | Attachment: If yes, attach appropriate form(s). 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 |
| Division Chief:/ Prepared By: | Cyly Cyl | Date: 10 35 30 LG Signature) Date: 10 35 30 LG Signature) |

Page 4 of 5 Rev. 8/2/2016 (CLB RM)

ADMINISTRATIVE TRANSMITTAL

| Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department Initiating Department Representative (Name, Job Title, Department) | (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department Initiating Department Representative (Name, Job Title, Department) | (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department | | |
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| From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department Initiating Department Representative (Name, Job Title, Department) Phone: 255-7912 | Contact: (Name, Job Title, Department) Phone: 255-7912 | Contact: (Name, Job Title, Department) Phone: 255-7912 | Contact: CC: Legislatiapprovin | Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: 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 og the legislation. |
| From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department Initiating Department Representative (Name, Job Title, Department) Phone: 255-7912 E-mail: Rskalitzky@coj.net Primary Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department (Name, Job Title, Department) Phone: 255-7912 E-mail: Rskalitzky@coj.net CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANS To: Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net From: Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: Primary Contact: (Name, Job Title, Department) Phone: E-mail: E-mail: CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net Legislation from Independent Agencies requires a resolution from the Independent Agency approving the legislation. Independent Agency Action Item: Yes No | Contact: (Name, Job Title, Department) Phone: 255-7912 E-mail: Rskalitzky@coj.net CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL To: Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net From: Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: Primary Contact: (Name, Job Title, Department) Phone: E-mail: | Contact: (Name, Job Title, Department) Phone: 255-7912 E-mail: Rskalitzky@coj.net CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL To: Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net From: Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: Primary Contact: (Name, Job Title, Department) Phone: E-mail: | Contact: CC: Legislatiapprovin | Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: 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 og the legislation. dent Agency Action Item: Yes No Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, |
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| (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department | Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department Initiating Department Representative (Name, Job Title, Department) | Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department (Name, Job Title, Department) Phone: 255-7903 E-mail: Djoseph@coj.net From: Robert Skalitzky, Chief, Natural and Marine Resources Division, PRCS Department | | morto, de ricolly il chair, baaget cilios, et ballios cate de |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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