## **LEGISLATIVE FACT SHEET**

DATE:	05/17/17	BT or RC No:	BT17-112
*		(Administration & City Council	Bills)
SPONSOR:		Office of Sports & Entertainment	
: <del>-</del>	(D	Pepartment/Division/Agency/Council Member)	
Contact for all inqu	iries and presentations:	Dave Herrell	
Provide Name: _		Dave Herrell	
Contact N	lumber:	904.630.3497	
Email Add	dress:	DHerrell@coj.net	
Research will complete th		ecessary? Provide; Who, What, When, Where, How a islation and the Administration is responsible for all or	
between the City of Jac professional hockey lea the Agreement shall be	cksonville & El Acquisition, LL ague and will play their home ofor a period of four (4) years,	val of the Jacksonville Veterans Memorial Aren. C for the Jacksonville IceMen. The IceMen are games at the Jacksonville Veterans Memorial Aren. commencing July 1, 2017 and expiring June 3 a (1), three (3) year renewal term upon the same	a member of the ECHL Arena. The initial term of 0, 2021. Both parties

APPROPRIATION: Total An List the source <b>name</b> and pro	nount Appropriated: \$300,000 ovide Object and Subobject Numbers for eac	as follows:
(Name of Fund as it will appear in ti		
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	- Amount:
	То:	Amount:
Name of City of Jacksonville	Sports Complex Capital Maintenance Fund - From: Contribution of Private Sources	Amount: \$300,000.00
Funding Source(s):	Sports Complex Capital Maintenance Fund - To: Other Construction	Amount: \$300,000.00
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
(Minimum of 350 words - Maximum of The Terms and Conditions are outli		
3.30		
ı,		

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

ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.  This is an all years subfund.
CIP Amendment?  Contract / Agreement Approval?	х	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?  City of Jacksonville and El Acquisition, LLC Use Agreement for the Jacksonville IceMen. Dave Herrell, Sports & Entertainment Officer, will provide oversight of the contract. Negotiations have been finalized and OGC has drafted the contract.
Related RC/BT? X Waiver of Code?	Х	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	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 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?	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 generating
$\wedge \wedge \wedge$	
Division Chief:	(signature) Date: <u>\$1917</u>
Prepared By:	Date: 5/9/17

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Joey Bergman, Sports & Entertainment Business & Finance Manager, Sports & Entertainment (Name, Job Title, Department)			
	Phone: 904.630.2010 E-mail: JBergman@coj.net			
From:	Dave Herrell, Sports & Entertainment Officer, Sports & Entertainment			
	Initiating Department Representative (Name, Job Title, Department)  Phone: 904.630.3497			
Deimo a m t				
Primary Contact:	Dave Herrell, Sports & Entertainment Officer, Sports & Entertainment  (Name, Job Title, Department)			
	Phone: 904.630.3497 E-mail: DHerrell@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
00.	904-630-1825 E-mail: akshelton@coj.net			
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
То:	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	Dave Herrell, Sports & Entertainment Officer, Sports & Entertainment			
Contact:	(Name, Job Title, Department)			
	Phone: 904-630-3497 E-mail: DHerrell@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net			
approvin	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.  dent Agency Action Item: Yes No			
	Boards Action / Resolution?    X			