LEGISLATIVE FACT SHEET

DATE:	08/25/17	BT or RC No:
	<u> </u>	(Administration & City Council Bills)
SPONS	OR: Public Works/Real Es	tate/ CM Al Ferraro, District 2
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presentation	Public Works, Real Estate Division
Provide	24 24 2 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	Renee Hunter, Esq.
	Contact Number:	904-255-8234
	Email Address:	reneeh@coj.net
PLIRPOSE	White Paper (Evolain Why this legislation i	s necessary? Provide; Who, What, When, Where, How and the Impact.) Council
Research w		legislation and the Administration is responsible for all other legislation.
Please pro	ovide the Real Estate Divison with the a	authorization to request the legislation necessary for the Mayor to execute
		al, BOT No. 160348022, from the Board of Trustees of the Internal The purpose of this Lease is to operate a 5-slip docking facility to be used
exclusively	for mooring of emergency and rescue	vessels in conjunction with an upland municipal rescue and fire station.
The fire st	ation is located at 9350 Heckscher Driv	/e. The renewal is for a 5 year term.
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APPROPRIATION: Total A		as follows: mbers for each category listed below:
(Name of Fund as it will appear in t		mbers for each category listed below.
	From:	Amount:
Name of Federal Funding Source(s		
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
Name of State Pulluing Source(s).	To:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
anding obditions.	То:	Amount:
	From:	Amount:
Name of In-Kind Contribution(s):		
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
(Minimum of 350 words - Maximum o The application fee of \$648.00 was	paid by Jacksonville Fire and Rescue	out of Account FRFO011FO-04938.
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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.
		amergency.
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?	X	language.
CIP Amendment?	x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement X		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?
		OGC has reviewed and approved. JFRD will provide oversight.
Related RC/BT?	×	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?	Х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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 Continuation of Grant?	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 generating
Division Chief:	Hufe.	(signature)
Prepared By:	rly)	Haler Date: 8/25/17

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	John P. Pappas, Director, Public Works Department (Name, Job Title, Department)			
	Phone: 255-8748 E-mail: pappas@coj.net			
From:	Renee Hunter, Chief, Real Estate Division Initiating Department Representative (Name, Job Title, Department)			
	Phone: 255-8234 E-mail: reneeh@coj.net			
Primary Contact:	(Halle, 999 Hile, Department)			
	Phone: 255-8792 E-mail: namey@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 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:			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net			
approvin Independ	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation. dent Agency Action Item: Yes No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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