LEGISLATIVE FACT SHEET

DATE:	08/04/17	BT or RC No:
		(Administration & City Council Bills)
	_	
SPONSOR:	Parks, Recreation an	d Community Services/Office of the Director
		(Department/Division/Agency/Council Member)
Contact for all in	nquiries and presentatio	Division Chief, Natural and Marine Resources
Provide Name:	Robert Skalitzky, Chief	of Natural and Marine Resources
Contac	ot Number: 255-7912	2
Email /	Address: <u>RSkalitzky@</u>	©coj.net
Research will complete	per (Explain Why this legislation te this form for Council introduce words - Maximum of 1 p	is necessary? Provide; Who, What, When, Where, How and the Impact.) Council delegislation and the Administration is responsible for all other legislation.
In response to a Re along the St. Johns River Taxi, LLC.) on	River, the City negotiated ar	50-14) that the City issued for river taxi services in downtown Jacksonville nd executed an agreement with Lakeshore Marine Service, LLC (St. Johns
between the City an Council approval (al	nd the River Taxi operator. T Illocation of up to \$120,000 p	d the St. Johns River Taxi Operating and Marketing Services Agreement The Marketing Services agreement is for a two year period, subject to City per year) the operator providing proof of matching amounts in private funds. of the Operating and Marketing Services Agreement) expires September
St. Johns River Tax	i Operating & Marketing Ser	vices Agreements Recommended Amendments:
Agreement: "shall e this contract. The c notice to City at leas	expire on September 30, 2026 contract may be renewed for	xhibit A-2) to same terms as the Operating and Marketing Services 0, unless sooner terminated by either party in accordance with the terms of up to one (1) additional three (3) year period by Operator upon written to the end of the initial term, subject to Operator having satisfactorily
Operating & Marketi Facilities, not based	ing Services Agreement requ	ESC-0550-15 was to be based on a minimum 2% of gross revenue. The uires Operator to remit to the City a \$600.00 monthly fee to use the City at to remove the reporting requirements in the agreement that reflect the
b. 7.b.(ii) Accurate c. 7.b.(iv) Listing of records, purchases Accepted Accountin	and complete records of all in revenue and expenses supporters, pledge forms and doing Principles (GAAP), contain	r receipts) in connection with the operational expenses of the Services revenue and expenses in connection with the Services ported by cash register tapes, invoices, sales slips bills, vouchers, payroll onation agreements and other pertinent records that, under Generally in information relating to costs, including gross sales or profits in addition to difying total revenues for the period of operation as specified herein
APPROPRIATIO	DN: Total Amount App	ropriated as follows:
		ct and Subobject Numbers for each category listed below:
(Name of Fund as it	t will appear in title of legislat	ion)

Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From: To:	Amount:
Name of City of Jacksonville Funding Source(s):	From: To:	Amount:
Name of In-Kind Contribution(s):	From: To:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
Explain: Where are the funds come the funding for a specific time frame 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of		e funding require a match? Is
*Funding of the \$120,000.00 is incl	uded in the FY 18 Budget.	

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.
Federal or State	1 []	Evaluation: If you avalanation must include detailed nature of mandate
Mandate?	X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Final Vac	. —	
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
,	,	
CIP Amendment?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?		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?
	,	Parks, Recreation and Community Services Department, Robert Skalitzky. OGC drafting amendment.
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?	×	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
	ı	Code Defendance (five identify which add on time(s) and a site
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.
		Ord 2015-397-E

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?	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 Parks, Recreation and Community Services Department, Robert Skaltzky, 255-7912. Monthly reports with disbursement request due 10th of each month.
Division Chief: Prepared By:	Date: 8/4/17 (signature) Date: 8/4/17

ADMINISTRATIVE TRANSMITTAL

		lget Office, St. James Suite 325
Thru:	Daryl Joseph, Director, Parks, Re	creation and Community Services
	(Name, Job Title, Department)	
	Phone: 255-7903	E-mail: <u>Djoseph@coj.net</u>
From:	Robert Skalitzky, Chief, Natural ar	nd Marine Resources Division, PRCS Department
	Initiating Department Representative	(Name, Job Title, Department)
	Phone: 255-7912	E-mail: Rskalitzky@coj.net
Primary Contact:	riobort orantzity, ornor, riatarar ar	nd Marine Resources Division, PRCS Department
Contact.	(Name, Job Title, Department)	
	Phone: 255-7912	E-mail: Rskalitzky@coj.net
CC:	Allison Korman Shelton, Direct	tor of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: aks	helton@coj.net
COUN	CIL MEMBER / INDEPENDENT	T AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
То:	Peggy Sidman, Office of Gene	eral Counsel, St. James Suite 480
	Phone: 904-630-4647	E-mail: psidman@coj.net
From:	· · · · · · · · · · · · · · · · · · ·	
	Initiating Council Member / Independent	ent Agency / Constitutional Officer
	Initiating Council Member / Independer Phone:	
Primary	•	
Primary Contact:	Phone:	
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Contact: CC: Legislatio	Phone: (Name, Job Title, Department) Phone: Allison Korman Shelton, Direct 904-630-1825 E-mail: aksi	E-mail: E-mail: tor of Intergovernmental Affairs, Office of the Mayor
Contact: CC: Legislatic approvin	Phone:(Name, Job Title, Department) Phone: Allison Korman Shelton, Direct 904-630-1825 E-mail:akston from Independent Agencies ag the legislation.	E-mail: E-mail: tor of Intergovernmental Affairs, Office of the Mayor helton@coj.net requires a resolution from the Independent Agency Board
Contact: CC: Legislatic approvin Independent	Phone: (Name, Job Title, Department) Phone: Allison Korman Shelton, Direct 904-630-1825 E-mail: aksion from Independent Agencies ag the legislation. dent Agency Action Item: Yes	E-mail: E-mail: tor of Intergovernmental Affairs, Office of the Mayor helton@coj.net requires a resolution from the Independent Agency Board No Attachment: If yes, attach appropriate documentation. If no,
Contact: CC: Legislatic approvin Independent	Phone:(Name, Job Title, Department) Phone: Allison Korman Shelton, Direct 904-630-1825 E-mail:akston from Independent Agencies ag the legislation.	E-mail: E-mail: tor of Intergovernmental Affairs, Office of the Mayor helton@coj.net requires a resolution from the Independent Agency Board