LEGISLATIVE FACT SHEET

DATE:	01/12/18		BT or RC	C No:	
			(Administration &	City Council Bills)	
SPONS	OR: Office of Sp	orts & Entertainment			
		(Department/D	livision/Agency/Counc	il Member)	
Contact	for all inquiries and pr	esentation:	Dave	Herrell	
Provide Name:			Dave Herrell		
	Contact Number:	904.630	.3497		
	Email Address:	DHerrell@	Dcoj.net		
Research	E: White Paper (Explain Why th will complete this form for Cour im of 350 words - Maxim	ncil introduced legislation and t	ovide; Who, What, When he Administration is reso	, Where, How and the loonsible for all other leaf	mpact.) Council station.
To submi sponsor o	t legislation seeking the app of the Covered Flex Field at and three months, through	proval of "Dream Finders Ho EverBank Fletd, The term of			
2					
			¥		
		150			

APPROPRIATION: Total A	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	\$0 as follows:
	160	Numbers for each category listed below:
Name of Fund as it will appear in t	tle of legislation)	
ame of Federal Funding Source(s	From:	Amount:
iame of Federal Fulluling Society	To:	Amount:
	110.	Anount.
	From	Amount:
Name of State Funding Source(s):	- 40	
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	1011	Allound
	To:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	To:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
Minimum of 350 words - Maximum of There is no fiscal impact.	1 7 balleri	

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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 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.
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?
Related RC/BT? Waiver of Code?	x	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 X 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. Ordinance 2010-726-E granted similar rights to the naming of "Dally's Place" for the Amphitheater.

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 lunds 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	
1	1.1	N .	
Division Chief:	<u> </u>	(signature) Date: 1/12/18	_
Prepared By:	my:	Date: 1/2/18	_

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Joey Bergman, 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 E-mail: DHerrell@coj.net		
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		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
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То:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
	Phone: 904-630-4647 E-mail: psidman@coj.net		
From:	Dave Herrell		
	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: 904.630.3497 E-mail: <u>DI-lerrell@coj.nct</u>		
Primary	Dave Herrell, Sports & Entertainment Officer, Sports & Entertainment		
Contact	(Name, Job Title, Department)		
	Phone: 904-630-3497		
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: <u>akshelton@coj.net</u>		
Legislat	ion from Independent Agencies requires a resolution from the Independent Agency Board		
	ng the legislation.		
Indepen	dent Agency Action Item: Yes No		
	Boards Action / Resolution? X 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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