LEGISLATIVE FACT SHEET

DATE:	01/16/18	BT or RC No:
	((Administration & City Council Bills)
SPONS	OR:	Public Works / Real Estate
		(Department/Division/Agency/Council Member)
Contact	for all inquiries and presenta	ution:
Provide	Name:	Renee Hunter, Chief, Real Estate Division
	Contact Number:	255 - 8234
	Email Address:	ReneeH@coj.net
Research v		tion is necessary? Provide; Who, What, When, Where, How and the Impact.) Council luced legislation and the Administration is responsible for all other legislation.
execute the enable the Street and automatic	he attached renewal of the lease ag e Jacksonville Sheriff's Office (JSO d East Adams Street for JSO vehicl	authority to request legislation for City Council to authorize the Mayor to greement with Jacksonville Transportation Authority. This agreement will to continue to use the surface parking lot located at the corner of Catherine less serving the Duval County Jail. Lease term is for one (1) year, with party terminates the lease with ninety (90) days written notice. Rent is to be allments of \$10.00.
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APPROPRIATION: Total A	mount Appropriated \$	- as follows:
List the source name and pre	ovide Object and Subobject Num	pers for each category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
ivame of State Funding Source(s):	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
name of m-kind commodion(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To	Amount

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PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)	
The Jacksonville Sheriff's Office is budgeting to pay for the cost of this lease. SHPS011SS	AD 04401
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attacode provisions for each.	aching justification, and
ACTION ITEMS: Yes No	
Emergency? X Justification of Emergency: If yes, explanation remergency.	nust include detailed nature of
Federal or State Mandate? X Explanation: If yes, explanation must include de including Statute or Provision.	etailed nature of mandate

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A DESCRIPTION ASSESSMENT OF THE PROPERTY OF TH	Note: If yes, note must include explanation of all-year subfund carryover language.
Contract / Agreement	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? Lease Agreement document attached. Negotiations complete. Oversight by Real Division Division. Agreement approved by OGC.
Related RC/BT? X 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? X	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: Purp justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes No 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?

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Surplus Property Certification?	x	Attachment: If yes, attach appropriate form(s).	
Reporting Requirements?	х	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:	Hut	Date: 1/16/18	_
Prepared By:	M	(signature) Date: 1/16/18	,
		(signature)	_

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ADMINISTRATIVE TRANSMITTAL

То:	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 - 8707 E-mail: <u>pappas@coj.net</u>
From:	Renee K. Hunter, Esq., Acting Chief, Real Estate Division
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 255 - 8234 E-mail: <u>ReneeH@coj.net</u>
Primary	R.J. Morris, AMIO, Real Estate Division
Contact:	(Name, Job Title, Department)
	Phone: 255 - 8705
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
To	Paggy Sidman Office of Congral Councel St. James Suite 490
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
To: From:	Phone: 904-630-4647 E-mail: psidman@coj.net
	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer
From:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department)
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From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:
From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact: CC:	Phone:
From: Primary Contact: CC:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact: CC: Legislati approvir	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer 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 ion from Independent Agencies requires a resolution from the Independent Agency Boarding the legislation. Ident Agency Action Item: Yes No
Primary Contact: CC: Legislati approvir Indepen	Phone:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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