LEGISLATIVE FACT SHEET

DATE:	10/24/18	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	Public Works Real Esta	ate/CM Garrett Dennis, CD 9
		Department/Division/Agency/Council Member)
Contact for all inc	quiries and presentation	Public Works/Real Estate
Provide Name:		Renee Hunter
Contact	Number:	904-255-8234
Email A	ddress:	reneeh@coj.net
Contact Number: 904-255-8234		

Page 1 of 5 Rev. 8/2/2016 (CLB RM)

APPROPRIATION: Total A		\$0.00	as follows:
List the source <u>name</u> and pro		Numbers 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:
	То:		Amount:
Name of City of Jacksonville	From:		Amount:
Funding Source(s):	То:		Amount:
Name of In-Kind Contribution(s):	From:		Amount:
	То:		Amount:
Name & Number of Bond	From:		Amount:
Account(s):	То:		Amount:
the funding for a specific time fram 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum o	icipated post-construction operatio		
The applicants have paid the \$1,06 34907.	6.00.00 application fee which has	been deposited in the	General Fund, PWRE011,

Page 2 of 5

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

ACTION ITEMS: Yes	No	
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature
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? Documents reviewed and approved by OGC.
Related RC/BT? Waiver of Code?	x x	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. 2018-377

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?	x	Explanation: How will the funds be used? Does the funding require a matcl 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?	x	Attachment: If yes, attach appropriate form(s).	
Reporting Requirements?	x	Explanation: List agencies (including City Council / Auditor) to receive repo and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for	rts
	1	*	
Division Chief: Renee H	lunter	Carottest Date: 11/7/18	
Dranavad Dvv D. 1 Ma	. mui a	(signature)	-
Prepared By: R. J. Mo	orris	(signature) Date: 1/7//8	

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: 255-8748 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	RJ Morris, Real Estate and Leasing Manager, Real Estate Division		
Contact:	(Name, Job Title, Department)		
	Phone: 255-8705 E-mail: <u>rmorris@coj.net</u>		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: <u>JElsbury@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:			
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer		
	Phone: E-mail:		
Primary			
	(Name, Job Title, Department)		
	Phone: E-mail:		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: <u>JElsbury@coj.net</u>		
Legislati	on from Independent Agencies requires a resolution from the Independent Agency Board		
_	ng the legislation.		
Indepen	dent Agency Action Item: Yes No		
•	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED