LEGISLATIVE FACT SHEET

DATE:	11/27/18	BT or RC No: BT19-037	
		(Administration & City Council Bills)	
SPONSOR:		Office of Economic Development	
		(Department/Division/Agency/Council Member)	
Contact for all inc	quiries and presentations:	Office of Economic Development	
Provide Name:		Kirk Wendland	
Cor	ntact Number:	630-2455	
Em	ail Address:	kwendland@coj.net	
		sary? Provide; Who, What, When, Where, How and the Impact.) Council Research e Administration is responsible for all other legislation.	
	words - Maximum of 1 page.)		
businesses in targete 370-E amended the business owner or te received and approxi received and reviewe The façade renovation increase visibility; up for workers and custo	ed areas. Ordinance 2016-522-E au program, matching two dollars of C mant, up to the maximum amount b imately 94 grant applications with v ed to-date. Due to the qualification ons approved to-date include extens grading windows and doors for ene omers; repairing or replacing fencin	provide commercial or retail façade renovation funding assistance for existing authorized initial funding of \$200,000 for the façade program. Ordinance 2018-ity funding for every one dollar of eligible facade renovation costs by the based on the economically distressed area level. This program has been well-iable façade renovations located in economically distressed areas have been criteria, recommendations were made to approve up to 34 applications. Sive painting and pressure washing projects; new and improved signage to argy efficiency to save on utility bills and enhance security/safety measures arg; masonry repairs; and upgrading landscaping. Businesses have expressed them the opportunity to make additional improvements in conjunction with	
This legislation is needed to appropriate an additional \$200,000 towards the Façade Renovation Grant Program. A careful review of the remaining grant applications indicates that the proposed façade renovations projects will make a significant impact on the community and could help a business attract new customers and enhance sales. It is estimated that the additional \$200,000 subject to this request will allow funding for approximately 20-30 additional façade grant applications, depending on their economically distressed area level and the type of proposed renovations.			

APPROPRIATION: Total Amount A		as follows:
(Name of Fund as it will appear in title of leg	Object and Subobject Numbers for each categor	ry listed below:
(Name of Fund as it will appear in title of leg		
Name of Federal Funding Source(s):	From:	Amount:
· · · · · · · · · · · · · · · · · · ·	To:	Amount:
Name of State Funding Source(s):	From:	Amount:
Traine of State Funding Source(9).	То:	Amount:
Name of Oit of Lades will Family	General Capital Projects - Countywide Economic	
Name of City of Jacksonville Funding Source(s):	From: Development-II Project General Trust and Agency - Façade Renovation	Amount: \$200,000
	To: Grant Program	Amount: \$200,000
Name of In-Kind Contribution(s):	From:	Amount:
Marile of M-Kind Contribution(s).	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	То:	Amount:
designed to provide commercial or retai distressed areas of Jacksonville. The p positive momentum towards community	priate \$200,000 for the Façade Renovation Grant Properties of the	ousinesses in economically o reduce blight and create on funding by transferring

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		Explanation: If yes, explanation must include detailed nature of mandate
Mandate?	X	including Statute or Provision.
Fiscal Year Carryover?	x	Note: If yes, note must include explanation of all-year subfund carryover
		language. This is an all years sub-fund, carry over is not required. The sub-fund is 64F.
		The same and same same same same same same same same
		Attachment: If use attach appropriate CID form(s), Include in till patients
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
Approval?		negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT? X		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	x	Code Reference: If yes, identify code section(s) in box below and provide
vialital of code !		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.
		explanation (motioning impacts) within write paper.
Related Enacted X		Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any
Ordinances?		changes necessary within white paper. 2016-382-E, 2016-522-E, 2018-370-E
		2010 002 2, 2010-022-2, 2010-070-2
		1

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Explanation: How will the funds be used? Does the funding require a match? Continuation of Grant? 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** Attachment: If yes, attach appropriate form(s). Certification? Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department Reporting Requirements? X (include contact name and telephone number) responsible for generating reports. OED to provide bi-annual reporting to City Council and Council Auditor. First report is due 6 months from effective date of Ordinance 2018-370-E and every 6 months thereafter.

Division Chief:_	Zik. We lad	Date: 11/27/18
	(signature)	7 7
Prepared By:_	Wander Ru	Date: 11/29/18
	(signature)	7 7 -

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	Kirk Wendland, Executive Director, Office of Economic Development
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 904-630-2455 E-mail: <u>kwendland@coj.net</u>
Primary	Kirk Wendland, Executive Director, Office of Economic Development
Contact:	(Name, Job Title, Department)
	Phone: 904-630-2455 E-mail: <u>kwendland@coj.net</u>
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	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)
00.	
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825
	rom Independent Agencies requires a resolution from the Independent Agency Board approving
the legislatio	
machenaciii	Attachment: If yes, attach appropriate documentation, If no
	when is board action scheduled?
	N/A

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED