LEGISLATIVE FACT SHEET

DATE:	01/02/19	9	BT or RC No:		
			(Administration & City Co	ouncil Bills)	
SPONS	OR: Office of E	conomic Development			
		(Department/D	Division/Agency/Council Mem	ber)	
Contact	for all inquiries and p	presentations	Office of Economic D)evelopment	
Provide Name: Ed Randolph, Director of Business Development Operations					
Contact Number: 630-1185				·	
	Email Address:	edr@co	oj.net		
Research w	White Paper (Explain Why rill complete this form for Com of 350 words - Maxin	this legislation is necessary? Pro uncil introduced legislation and tl mum of 1 page.)	wide; Who, What, When, Where he Administration is responsible	, How and the Impact.) Council for all other legislation.	
FON, Inc., a military contractor that specializes in avionics assembly, would like to lease a city-owned building at Cecil Commerce Center. The company expects to hire approximately 5-7 people in the first year of operation. The following is a brief abstract of major terms: Overall Square Footage: 2,000 SF Monthly Rent: \$1500 (\$9.00 SF with a 3% annual increase) and \$200.00 monthly CAM Fee Overall Term: 1Year; with (2) 1 Year renewal options Assignment: Only with prior written consent of the Landlord					
APPROPRIATION: Total Amount Appropriated \$0 as follows: List the source name and provide Object and Subobject Numbers for each category listed below:					
(Name of F	und as it will appear in ti	tle of legislation)			
Name of Fe	Federal Funding Source(s)	From:		Amount:	
		То:		Amount:	
Name of S	State Funding Source(s):	From:		Amount:	
		To:		Amount:	
	City of Jacksonville	From:		Amount:	
Funding So	ource(s):	То:		Amount:	

Name of In-Kind Contribution(s):	From:		Amount:	
, ,	То:		Amount:	
Name & Number of Bond Account(s):	From:		Amount:	
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.)				
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 memergency.	nust include detailed nature of	
Federal or State Mandate?	X	Explanation: If yes, explanation must include de including Statute or Provision.	tailed nature of mandate	
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all language.	-year subfund carryover	
CIP Amendment?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for	

Page 2 of 6

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?
	Office of Economic Development to provide oversight and administration.
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 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: Postification, and code provisions	urpose / Check List. If "Yes" please provide detail by attaching 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?	Attachment: If yes, attach appropriate form(s).
. Reporting X	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

Page 3 of 6

Division Chief: /s/ Ed Randolph	641	Date:	1/2/2019
Prepared By: /s/ Ed Randolph	(signature)	Date:	1/2/2019

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325			
Thru:	Sam Mousa, Chief Administrative Officer, Mayors Office, Fourth Floor, City Hall at St. James			
	(Name, Job Title, Department) Phone:	F-mail:		
5		E-mail:		
From:	rom: Kirk Wendland, Executive Director, Office of Economic Development (OED) Initiating Department Representative (Name, Job Title, Department)			
		E-mail: kwendland@coj.net		
Primary				
Contact:	(Name, Job Title, Department)	ment Operations, Office of Economic Development		
	Phone: 630-1185	E-mail: edr@coj.net		
CC:	Jordan Elsbury, Director of Intergo	overnmental Affairs, Office of the Mayor		
	E-mail: jelsbury@	@coj.net		
COU	NCIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of General 6 St. James Suite 480	Counsel, E-mail: psidman@coj.net		
	Phone: 904-630-4647			
From:				
	Initiating Council Member / Independent A	Agency / Constitutional Officer		
	Phone:	E-mail:		
Primary		29		
Contact:	(Name, Job Title, Department) E	E-mail:		
CC:	Jordan Elsbury, Director <u>jelsbury@</u> 904-630-1825 E-mail:	<u>@coj.net</u>		
	on from Independent Agencies requestroying the Resolution. Yes	uires a resolution from the Independent Agency		
Independ	dent Agency Action Item:	X Attach ment:		
Boards A	Action / Resolution?	If yes, attach appropriate documentation.		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED