## **LEGISLATIVE FACT SHEET**

DATE:	03/05/19	BT or RC No:	
	*	(Administration & City Co.	uncil Bills)
SPONSOR:		Office of Economic Development	
	(De	partment/Division/Agency/Council Memb	er)
Contact for all in	quiries and presentations	Office of Economic D	evelopment
Provide Name:		Kirk Wendland/Paul Crawford	
Contac	t Number:	630-1979	
Email /	Address:	paulc@coj.net	
Research will complete		cessary? Provide; Who, What, When, Where slation and the Administration is responsible?	
Committee, autr the Internal Reve A) Hospital Reve B) Hospital Reve E) Hospital Reve J) Hospital Reve M) Hospital Reve M) Hospital Reve The proceeds of Southern Baptisi The City, as a co (Baptist Health), one or more Ser	porizing that the Mayor submenue Code, with respect to enue Bonds, Series 2001; enue Bonds, Series 2003A, enue Bonds, Series 2007B, enue Bonds, Series 2010A, enue Bonds, Series 2010A, enue Bonds, Series 2012A, which financed the costs of Hospital of Florida, Inc. enduit, proposes to Issue its Series 2019, in an aggregaties, for the purpose of refur	ion of the Industrial Development nit legislation to approve, for purp the refunding of outstanding bond Series 2003B, and 2003C; Series 2007C, Series 2007D, Series 2010B, Series 2010C; Series 2012B, and Series 2012E of Projects for certain health care to the principal amount of not to exceeding the Bonds listed above, the roposed drafted ordinance.	poses of Seciton 147(f) of ds listed: ries 2007E; ds distinctions for the benefit of and Refunding Bonds and \$380,300,000, in
		associated with this action. The C	lity is merely acting as a

		bers for each category listed below:
Name of Fund as it will appear in t		g ,
ame of Federal Funding Source(s)	From:	Amount:
arrie of Coordinate and Mary Coordinates	То:	Amount:
	From:	Amount:
Name of State Funding Source(s):	Та:	Amount:
ame of City of Jacksonville	From:	Amount:
funding Source(s):	То:	Amount:
lame of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
lame & Number of Bond	From:	Amount:
	то:	Amount:
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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	No	
Emergency?	х	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?	x	Note: If yes, note must include explanation of all-year subfund carryover language.
		2
CIP Amendment?	х	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 negotiations are on-going and with whom. Has OGC reviewed / drafted?
	الـــا	The IRB Committee Resolution dated 03/04/2019 approved and authorized the execution of a Memorandum of Agreement dated 03/04/2019. The Office of Economic Development, and the Office of General Counsel have reviewed the application of the
		bond issuance.
Related RC/BT?	х	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 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 2017-401-E approved by City Council on 06/27/17, approving the refunding of Series 2017A Bonds not to exceed \$65,000,000 to Baptist Health.

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?	×	Explanation: How will the funds be used? Is the funding for a specific time frame an year of grant? Are there long-term implications.	d/or multi-year? If multi-year, note
		6	a
Surplus Property Certification? Reporting Requirements?	X	Attachment: If yes, attach appropriate for Explanation: List agencies (including City and frequency of reports, including when (include contact name and telephone num	Council / Auditor) to receive reports reports are due. Provide Department
<b>-</b>			
		SK .	
Division Chief:	1	Cfl	Date: 3/4/19
Prepared By:	2l	(signature)	Date: 3/4/19

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	N/A (Name, Job Title, Department)		
	Phone: E-mail:		
From:	Kirk Wendland, Executive Director, Office of Economic Development (OED) Initiating Department Representative (Name, Job Title, Department)		
	Phone: 630-2455 E-mail: kwendland@coj.net		
Primary Contact:	Paul Crawford, Deputy Director, OED (Name, Job Title, Department)		
	Phone: 630-7063 E-mail: paulc@coj.net		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net		
COUNCIL 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:			
	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:		
Primary			
Contact:	(Name, Job Title, Department)  Phone: E-mail:		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: jelsbury@coj.net		
approvin	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.  dent Agency Action Item: Yes No		
•	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		
	Industrial Revenue Bond Committee		

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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