

# LEGISLATIVE FACT SHEET 2013-0564

DATE: 08/07/13

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Office of Economic Development / Office of Public Parking  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

To execute a lease between the City and Enterprise Rent-a-Car for approximately 1,081 square feet of retail space at the Library Parking Garage. Parking space rental is also included in the lease. The lease has an initial term of 5 years and three 5 year renewal options. The rate starts at \$10 per square foot. The OED considers this a market-rate lease.

APPROPRIATION: Total Amount Appropriated: N/A as follows:  
(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

During the initial term, the lease will generate lease payments of approximately \$1,620 per month, including the retail space and the parking rent.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> (Attach CIP Form(s)) (Attach a copy) Name of Dept.: _____ (Attach a copy) Identify Code: _____ Identify Code: _____ (Attach a copy) Ordinance #: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Report Required to City Council or Council Auditors?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Jack Shad, Public Parking Officer, Office of Economic Development

(Name, Job Title, Department)

Phone: 630-4990

E-mail: jshad@coj.net

Contact Jack Shad, Public Parking Officer, Office of Economic Development

Person: (Name, Job Title, Department)

Phone: 630-4990

E-mail: jshad@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**