

LEGISLATIVE FACT SHEET

DATE: December 29, 2011

BT OR RC NUMBER: Not applicable
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Mayor's Office

PURPOSE/SUMMARY: Pursuant to Chapter 35, *Ordinance Code*, requesting City Council confirmation of the Mayor's appointment of LaTasha Green-Cobb, a Duval County resident, to the Jacksonville Housing Finance Authority, for a partial term ending November 30, 2012 (replacing Bernard E. Smith) and then a first full term ending November 30, 2016.

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 Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: N/A

ACTION ITEMS:

| | | | |
|--|---------|-------------|---------------------------------|
| Emergency? | Yes ___ | No <u>X</u> | Justification: _____ |
| <hr/> | | | |
| Federal or State Mandates | Yes ___ | No <u>X</u> | |
| Fiscal Year Carryover? | Yes ___ | No <u>X</u> | _____ |
| CIP Amendment? | Yes ___ | No <u>X</u> | (Attach CIP form) |
| Contract/Agreement (C/A) Approval | Yes ___ | No <u>X</u> | (Attach a copy only) |
| C/A negotiations on-going? | Yes ___ | No <u>X</u> | |
| Oversight Department Required? | Yes ___ | No <u>X</u> | Name of Dept. _____ |
| Related RC?/BT? | Yes ___ | No <u>X</u> | (Attach a copy) |
| Waiver of Code? | Yes ___ | No <u>X</u> | (Identify Code Provision _____) |
| Code Exception? | Yes ___ | No <u>X</u> | (Identify Code Provision _____) |
| Continuation Grant? | Yes ___ | No <u>X</u> | |
| Surplus Property Certification? | Yes ___ | No <u>X</u> | (Attach a copy) |
| Related Enacted Ordinances? | Yes ___ | No <u>X</u> | Ord. # of Previous Ord. _____ |
| Report Required to City Council/Council Auditors | Yes ___ | No <u>X</u> | Date _____ Frequency _____ |

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James

From: Mia Jones
(Name, Job Title, Department)

Phone: 630-1653

Fax: _____ E-mail: _____

Contact person: _____

(Name, Job Title, Department)

Phone: _____ Fax: N/A E-mail: _____

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

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____

(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED