

# LEGISLATIVE FACT SHEET

DATE: May 8, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

**SPONSOR** (Department/Division/Agency/Council Member): Neighborhoods Department / Housing & Community Development Division / State Housing Initiatives Partnership (SHIP) Program

**PURPOSE/SUMMARY:** An ordinance adopting the Jacksonville/Duval County Affordable Housing Assistance Program Local Housing Assistance Plan (LHAP) for 2012 through 2015. This document is required for "each county or eligible municipality participating in the State Housing Initiatives Partnership Program" (SHIP) under §420.9075 F.S. and 67-37.005 F.A.C.

**APPROPRIATION:** Total Amount Appropriated: \$ 0.00 as follows:

(Name of Fund as it will appear in title of legislation) State Housing Initiatives Partnership (SHIP) Program

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:** None

## **ACTION ITEMS:**

Emergency? Yes \_\_\_ No X Justification: \_\_\_\_\_

Federal or State Mandates Yes X No \_\_\_

Fiscal Year Carryover? Yes \_\_\_ No X \_\_\_\_\_

CIP Amendment? Yes \_\_\_ No X (Attach CIP form)

Contract/Agreement (C/A) Approval Yes \_\_\_ No X (Attach a copy only)

C/A negotiations on-going? Yes \_\_\_ No X

Oversight Department Required? Yes \_\_\_ No X Name of Dept. \_\_\_\_\_

Related RC?/BT? Yes \_\_\_ No X (Attach a copy)

Waiver of Code? Yes \_\_\_ No X (Identify Code Provision \_\_\_\_\_)

Code Exception? Yes \_\_\_ No X (Identify Code Provision \_\_\_\_\_)

Continuation Grant? Yes \_\_\_ No X

Surplus Property Certification? Yes \_\_\_ No X (Attach a copy)

Related Enacted Ordinances? Yes \_\_\_ No X Ord. # of Previous Ord. \_\_\_\_\_

Report Required to City Council/Council Auditors  
Yes \_\_\_ No X 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: Elaine D. Spencer, Acting Chief, Housing & Community Development Division  
(Name, Job Title, Department)

Phone: 904-255-8204 Fax: 904-357-5919 E-mail: [espencer@coj.net](mailto:espencer@coj.net)

Contact person: Laura Stagner-Crites, Director – Finance, Housing & Community Development Division  
(Name, Job Title, Department)

Phone: 904-255-8279 Fax: 904-357-5919 E-mail: [lstagner@coj.net](mailto:lstagner@coj.net)

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**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.

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