

LEGISLATIVE FACT SHEET

DATE: June 21, 2012

BT OR RC NUMBER: 12-095
(Administration Bills)

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

PURPOSE/SUMMARY: This ordinance will transfer \$240,000 in Downpayment Assistance funding and \$60,000 In Homeowner Rehabilitation funding, both of which are eligible activities under multiple programs, to the Homebuyer Counseling Program which, due to federal grant restrictions, has limited eligibility from other sources. The ordinance will also authorize the execution of contracts with the agencies listed on the attached document.

APPROPRIATION: Total Amount Appropriated: \$ 600,000 (\$300,000 net) 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: FL Dept of Comm Affairs Amount: \$ 300,000.00 (net)

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

Emergency?	Yes ___ No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes <u>X</u> No ___	_____
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 <u>X</u> No ___	(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 <u>X</u> No ___	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes <u>X</u> No ___	Ord. # of Previous Ord. 2011-656-E
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: Elaine D. Spencer, Chief, Neighborhoods Department, Housing and Community Development Division

Phone: 904-255-8204 Fax: 904-357-5919 E-mail: espencer@coj.net

Contact person: Laura Stagner-Crites, Director-Finance, Housing and Community Development Division

Phone: 904-255-8279 Fax: 904-357-5919 E-mail: lstagner@coj.net

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

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