LEGISLATIVE FACT SHEET

DATE:

July 23, 2012

BT OR RC NUMBER: 12-098 (Administration Bills)

PURPOSE/SUMMARY: To transfer unused h	Development Division / Community Development Block Grant (CDBG) Program 2/SUMMARY: To transfer unused balance of \$6,320.00 from Daniel Memorial's Roofing at project to their Norton Housing Family Visitation Enclosure project per the request of the agency.		
APPROPRIATION: Total Amount Approp	riated: \$ 25,280	0.00 (\$6,320.00 net) as	s follows:
(Name of Fund as it will appear in title of legi	islation) Comm	unity Development Blo	ock Grant
Name of Federal Funding Source: <u>US Dept o</u>	Amount: \$_	6,320.00 (net)	
Name of State Funding Source:	Amount: \$_		
Name of City of Jax Funding Source:			
Name of In-Kind Contribution Source:			
Name of Bond Acct			
· · · · · -			
Number			
Housing Family Visitation Enclosure.	, p	provement to Daniel N	
	Yes No	•	
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency?	Yes No	X Justification:	
Housing Family Visitation Enclosure. ACTION ITEMS:	·	_X_ Justification:	
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates	Yes No	_X_ Justification:	
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover?	Yes No Yes_X_ No Yes_X_ No	_X_ Justification:	o form)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment?	Yes No Yes_X_ No Yes_X_ No Yes No		o form)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval	Yes No YesX No Yes No Yes No Yes No	X Justification:	o form)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going?	Yes No Yes No Yes No Yes No Yes No Yes No	X Justification: X (Attach CIF X (Attach a co X X Name of Do	opy only)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going? Oversight Department Required?	Yes No	X Justification: X (Attach CIF X (Attach a co X) X Name of Do (Attach a co X (Identify Co	P form) Opy only) Opy only) Opy) Ode Provision)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going? Oversight Department Required? Related RC?/BT?	Yes No Yes_X No Yes No	X Justification: X (Attach CIF X (Attach a co X) X Name of Do (Attach a co X (Identify Co	opy only) ept
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception? Continuation Grant?	Yes No	X Justification: X (Attach CIF X (Attach a co X X Name of Do (Attach a co X (Identify Co X (Identify Co	P form) Opy only) Opy Opy) Ode Provision) Ode Provision)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception? Continuation Grant? Surplus Property Certification?	Yes No	X Justification: X (Attach CIF X (Attach a co X) X Name of Do (Attach a co X (Identify Co X (Identify Co X (Attach a co	opy only) ept opy) ode Provision) ode Provision)
Housing Family Visitation Enclosure. ACTION ITEMS: Emergency? Federal or State Mandates Fiscal Year Carryover? CIP Amendment? Contract/Agreement (C/A) Approval C/A negotiations on-going? Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception? Continuation Grant?	Yes No Yes _X No Yes No	X Justification: X (Attach CIF X (Attach a co X) X Name of Do (Attach a co X (Identify Co X (Identify Co X (Attach a co	P form) Opy only) Opy Opy) Ode Provision) Ode Provision)

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:	Terrance Ashanta-Barker, Director, Neighborhoods Department				
	Phone: 9	04-255-7245 Fax: 904-255-8280	E-mail: tashanta-barker@coj.net		
Conta	et person:	Laura Stagner-Crites, Director-F Division	inance, Housing and Community Development		
	Phone: 9	04-255-8279 Fax: 904-357-5919	E-mail: <u>lstagner@coj.net</u>		
	COUNC		DENT AGENCY / CONSTITUTIONAL RANSMITTAL		
То:	Steve Ro		(630-4647), Office of General Counsel		
		O, City Hall at St. James	(0.5.1.1.), 0.5.5.5.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.		
From:	(Name, Job	Title, Department)			
	Phone: _	Fax:	E-mail:		
Conta	ct person:				
	Phone: _	(Name, Job Title, Department) Fax:	E-mail:		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Legislation from Independent Agencies requires a resolution from the Independent Agency Board

approving the legislation.

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