

LEGISLATIVE FACT SHEET

2014-0554

DATE: 05/09/14

BT or RC No: 14-090
(Administration Bills)

SPONSOR: Planning & Development Department / Housing & Community Development Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To reallocate funds previously appropriated to the Division's Headstart to Homeownership program for downpayment assistance to the Division's Community Housing Development Organization (CHDO) Development Pool in order to provide additional funding for the development of new or rehabilitated affordable housing.

APPROPRIATION: Total Amount Appropriated: \$ 1,000,000.00 as follows:

(Name of Fund as it will appear in title of legislation) HOME Investment Program
Name of Federal Funding Source: U.S. Department of Housing & Urban Development Amount: \$1,000,000.00
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:

The reallocation will allow for the development of new or rehabilitated affordable housing units.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input 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: Elaine D. Spencer, Chief, Housing & Community Development Division

(Name, Job Title, Department)

Phone: 255-8200

E-mail: espencer@coj.net



Contact Laura Stagner, Director - Finance, Housing & Community Development Divisi

Person: (Name, Job Title, Department)

Phone: 255-8279

E-mail: lstagner@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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED