## LEGISLATIVE FACT SHEET 2014-0669

DATE: 08/04/14			BT or RC No:	13714-0	99
			(Administration E		
SPONSOR: Planning/Housing	& Comm	nunity	Development		
	(Dep	artmen	t/Division/Agency/Council Mem	ber)	
DUDDOOF/OURANDY.					
PURPOSE/SUMMARY:	16 410 00 5	- Fadas	al Universa Oppositività for Davi	ann with Aide (I	IODIA(A)
To appropriate re-programmed funds of \$4 program funds to River Region Human Se HIV/AIDS, salary and benefits assistance years 2012-2013.	rvices, Inc.	for mer	ntal health & substance abuse of	ounseling for pe	rsons with
	<u> </u>	***************************************			
APPROPRIATION: Total Amount	Appropri	iated:	\$46,410.02	as follows:	
(Name of Fund as it will appear in title of le	gislation)	Housi	ng Opportunity for Persons with	Aids (HOPWA)	
Name of Federal Funding Source: Housing	g Opportuni	ty for Pe	rson with Aids	Amount:	\$46,410.02
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 - FINANICIAL / OTHER:					
Funds will provide mental health & substar	nce abuse	counsel	ing for persons with HIV/AIDS,	salary and bene	fits assistance
for agency staff.					
ACTION ITEMS:	Yes	No			
Emergency?			Justification of Emergency:		
Federal or State Mandates?	X	$\stackrel{\sim}{\vdash}$	Custineation of Emergency.		
Fiscal Year Carryover?	X	$\vdash$			
CIP Amendment?		$\perp_{X}$	(Attach CIP Form(s))		
Contract / Agreement (C/A) Approval?	,	X	(Attach a copy)		
C/A Negotiations On-going?		x	(		
Oversight Department Required?		X	Name of Dept.:		
Related RC/BT?	X		(Attach a copy)		
Waiver of Code?		X	Identify Code:		
Code Exception?		X	Identify Code:		***
Continuation of Grant?	X		riversia de la colonia de la c		
Surplus Property Certification?		X	(Attach a copy)		
Related Enacted Ordinances?	X	$\Box$	Ordinance #: 2012-537-E		
Report Required to City Council or		X	**************************************		***************************************
Council Auditors?	L.,		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, Housi (Name, Job Title, Department) Phone: 255-8203						
Contac		Director, Housing & Community Development					
	: (Name, Job Title, Department)						
	Phone: 255-8279	E-mail: <u>lstagner@coj.net</u>					
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL							
To:	Peggy Sidman, Office of Genera						
	Phone: 630-4647	E-mail: psidman@coj.net					
From:							
	(Name, Job Title, Department)	E mail:					
	Phone:	E-mail:					
Contac	t						
Person	: (Name, Job Title, Department)						
	Phone:	E-mail:					
Legisla	tion from Independent Agencies i	require a resolution from the Independent Agency Board					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED