

LEGISLATIVE FACT SHEET

2014-0670

DATE: 08/04/14

BT or RC No: BT14-100
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate re-programmed funds of \$135,878.28 in Federal HEARTH-Emergency Solution Grant (HESG) program funding to I. M. Sulzbacher Center for the Homeless for rapid re-housing and case management to clients. Also, shelter operation cost and salaries assistance for agency staff. Funds re-programmed from completed projects during fiscal years 2012-2013.

APPROPRIATION: Total Amount Appropriated: \$135,878.28 as follows:

(Name of Fund as it will appear in title of legislation) HEARTH-Emergency Solution Grant

Name of Federal Funding Source: <u>HEARTH-Emergency Solution Grant</u>	Amount: <u>\$135,878.28</u>
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:

Funds will provide rapid re-housing, and case management to clients. Also, shelter operation cost and salary assistance to agency staff.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2012-540-E</u>
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
(Name, Job Title, Department)

ES 8/2/14

Phone: 255-8203

E-mail: espencer@coj.net

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

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED