

LEGISLATIVE FACT SHEET

2014-6672

DATE: 08/04/14

BT or RC No: BT15-002
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate and authorize awards for \$4,015,023.00 in State Housing Initiative Partnership (SHIP) funding to provide administration cost, activities that rehabilitate and development of owner-occupied homes, housing counseling and downpayment assistance for homebuyers and substantial rehabilitation for disabled persons. Program is administered in pursuant to State Statute 420-907, Code 67-37.

APPROPRIATION: Total Amount Appropriated: \$4,015,023.00 as follows:

(Name of Fund as it will appear in title of legislation) State Housing Initiative Partnership (SHIP)
Name of Federal Funding Source: _____ Amount: _____
Name of State Funding Source: State Housing Initiative Partnership (SHIP) Amount: \$4,015,023.00
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:

The funds will provide administration cost, activities for rehabilitate & development of owner-occupied homes, housing counseling & downpayment assistance for homebuyers and substantial rehabilitation for disabled persons.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency:

(Attach CIP Form(s))
(Attach a copy)
Name of Dept.: _____
(Attach a copy)
Identify Code: _____
Identify Code: _____
(Attach a copy)
Ordinance #: _____
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 *eds 8/21/14*

(Name, Job Title, Department)

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