

LEGISLATIVE FACT SHEET

2014-0675

DATE: 08/04/14

BT or RC No: BT15-005
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate and authorize awards for \$461,109.00 in Federal Emergency Solutions Grants Program (HEARTH-ESG) to provide administrative cost, data collection & analysis, housing assistance and related supportive services within Duval County. Program is administered pursuant to 24 CFR part 576.Federal Strategic Plan to Prevent and End Homelessness (2010).

APPROPRIATION: Total Amount Appropriated: \$461,109.00 as follows:

(Name of Fund as it will appear in title of legislation) Emergency Solutions Grants Program (HEARTH-ESG)

Name of Federal Funding Source: <u>Emergency Solution Grants</u>	Amount: <u>\$461,109.00</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 - FINANICIAL / OTHER:

Funds will provide administrative cost, data collection & analysis, housing assistance and related supportive services within Duval County.

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"/>	<div style="border: 1px solid black; height: 30px;"></div>
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
(Name, Job Title, Department)

ES 8/21/14

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

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE SEP 22 2014