

# LEGISLATIVE FACT SHEET

2015-273

DATE: 04/22/15

BT or RC No: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

To appropriate \$45,000 in Miscellaneous Revenues related to expired U.S. HUD programs to the Emergency Services Homeless Coalition for the Jacksonville Homeless Day Center operating costs.

APPROPRIATION: Total Amount Appropriated: \$ 45,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Various Federal Programs

Name of Federal Funding Source: U.S. Department of Housing & Urban Development Amount: \$45,000.00

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:**

This appropriation will provide additional operations funding for the Jacksonville Homeless Day Center that will enable it to stay open through the end of the current fiscal year.

**ACTION ITEMS:**

	Yes	No
Emergency?	X	
Federal or State Mandates?		X
Fiscal Year Carryover?	X	
CIP Amendment?		X
Contract / Agreement (C/A) Approval?		X
C/A Negotiations On-going?		X
Oversight Department Required?		X
Related RC/BT?	X	
Waiver of Code?		X
Code Exception?		X
Continuation of Grant?	X	
Surplus Property Certification?		X
Related Enacted Ordinances?		X
Report Required to City Council or Council Auditors?		X

Justification of Emergency: \_\_\_\_\_

Funds are required to allow the Homeless Day Center to remain open through the remainder of the fiscal year.

(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 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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**