

LEGISLATIVE FACT SHEET

2015-0322

DATE: 03/30/15

BT or RC No: N/A
(Administration Bills)

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

PURPOSE/SUMMARY:

To adopt the Jacksonville/Duval County Affordable Housing Assistance Program Local Housing Assistance Plan (LHAP) for 2015 through 2018. This document is required for *each county or eligible municipality participating in the State Housing Initiatives Partnership Program* (SHIP) under §420.9075 F.S. and 67-37.005 F.A.C.

APPROPRIATION: Total Amount Appropriated: \$ - as follows:

(Name of Fund as it will appear in title of legislation) State Housing Initiatives Partnership (SHIP) Program

Name of Federal Funding Source: Amount:

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:

None

ACTION ITEMS:

Emergency?

Yes

No

Federal or State Mandates?

Fiscal Year Carryover?

CIP Amendment?

Contract / Agreement (C/A) Approval?

C/A Negotiations On-going?

Oversight Department Required?

Related RC/BT?

Waiver of Code?

Code Exception?

Continuation of Grant?

Surplus Property Certification?

Related Enacted Ordinances?

Report Required to City Council or
Council Auditors?

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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 Division

(Name, Job Title, Department)

Phone: 255-8200

E-mail: espencer@coj.net

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

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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED