

LEGISLATIVE FACT SHEET 2015-0552

DATE: 07/08/15

BT or RC No: BT15092
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate federal grant HOME Investment Partnership for \$2,080,431.00 to buy, build, or rehab affordable housing for low income individuals and families.

APPROPRIATION: Total Amount Appropriated: \$2,080,431.00 as follows:

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

Name of Federal Funding Source: <u>HUD-HOME Investment Partnership</u>	Amount:	<u>\$2,080,431.00</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 - FINANCIAL / OTHER:

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 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: Kerri Stewart, Chief of Staff, Office of the Mayor

From: Folks Huxford, Director of Planning and Development, Planning and Development
(Name, Job Title, Department)

Phone: 255-7817

E-mail: fhuxford@coj.net

Contact Laura Stagner Crites, Finance Director, Housing and Community Developer

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