

LEGISLATIVE FACT SHEET

2015-0553

RC 15 217

DATE: 07/08/15

BT or RC No: BT 15093
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate federal grant Housing Opportunities for Persons with AIDS (HOPWA) for \$2,466,397.00 and realign \$56,244.78 to provide housing rental assistance and related support services case management for low income persons living with HIV/AIDS and their families.

APPROPRIATION: Total Amount Appropriated: \$2,466,397.00 as follows:

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

| | | |
|--|---------|-----------------------|
| Name of Federal Funding Source: <u>HUD-Housing Opportunities for Persons with Aids (HOPWA)</u> | Amount: | <u>\$2,466,397.00</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 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